



ACKNOWLEDGMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

I have received a copy of the North Oaks' Notice of Privacy Practices.

Patient's Signature: _____

Date: ____/____/____

Other Authorized Person's Signature: _____

Date: ____/____/____

Relationship: _____

Reason Patient Cannot Sign: _____

Account #: _____

Record #: _____

For Internal Documentation Use Only: _____
