

CAROLINA FAMILY HEALTH CENTERS, INC.

Carolina Family Dental Center • Freedom Hill Community Health Center • Harvest Family Health Center • Wilson Community Health Center

***Notice of Privacy Practices
Acknowledgement of Receipt***

Date: _____

Patient's ID Number _____

I acknowledge that I was provided with a copy of the Carolina Family Health Centers, Inc. Notice of Privacy Practices.

Patient's Name (Print)

Patient's Signature

If completed by a patient's personal representative, please print and sign your name in the space below.

Personal Representative (Print)

Personal Representative's Signature

Relationship to Patient

Office Use Only:

I have made a good faith effort to obtain a written acknowledgment of receipt of Carolina Family Health Centers, Inc. Notice of Privacy Practices but was unable to for the following reason:

- Patient refused to sign
- Patient unable to sign
- Other _____

Employee's Name

Date

This form should be scanned into the patient's electronic health record.