

24 HR Lifeline MD
Urgent Care and Family Medicine
12640 Twelve Mile Rd, Warren, MI 48093
586-751-2020 Main
586-745-1756 Fax

ACKNOWLEDGEMENT RECEIPT TO NOTICE OF HIPAA PRIVACY PRACTICES

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND RECEIVED
A COPY OF 24 HR LIFELINE MD NOTICE OF HIPAA PRIVACY PRACTICES

NAME (PLEASE PRINT)

SIGNATURE

DATE

WITNESS

DATE

Refused

DOCUMENTATION OF FAILURE TO OBTAIN SIGNED ACKNOWLEDGEMENT.

THE PATIENT HAS REFUSED TO PROVIDE THE SIGNATURE REQUESTED.

THE ACKNOWLEDGEMENT BEFORE 24HR LIFELINE STAFF:

Signed: _____ Date: _____

DOCUMENTATION OF PATIENT RECEIPT TO COPY OF PRIVACY PRACTICES
FOR 24 HR LIFELINE MD PROVIDED ON:

Date:

Signed 24 HR Lifeline MD