

North Scottsdale Internal Medicine

Acknowledgment of Receipt of Notice of Privacy Practices

I acknowledge, by signing below, that I have received the Notice of Privacy Practices of North Scottsdale Internal Medicine the office of Dr. Mark J. Lewis M.D. PLC, which explains its legal duties and privacy practices with respect to my protected health information.

I understand that I may refuse to sign this acknowledge

Signature of the Patient/Legal Representative

Date

Print Name

Relationship to Patient

FOR OFFICE USE ONLY

I, _____ made a good faith effort to obtain written acknowledgment of Notice of Privacy Practices was given to patient.

Patient refused to sign this acknowledgment.