



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy of this spas Notice of Privacy Practices.

It tells me how MARCUS MUNRO LMP will use my health information for the purpose of my treatment, payment for my treatment, and MARCUS MUNRO LMP health care operations.

The Notice also explains in more detail how MARCUS MUNRO LMP may use and share my health information for other treatment, payment and healthcare operations with my written consent.

MARCUS MUNRO LMP will also use and share my health information as required/permitted by law.

Patients Complete Legal Name: _____

Signature Date: _____

Official Use Only: _____

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)