

NEPHROLOGY ASSOCIATES, PA

NOTICE OF PRIVACY PRACTICES

Acknowledgement of Receipt

I, _____ acknowledge receipt of Nephrology Associates, PA's, Notice of Privacy Practices which was effective April 1, 2003.

Patient Signature: _____

Patient Printed Name: _____

Date Signed: _____

For Office Use Only:

We were unable to obtain a written Acknowledgement of Receipt for the following reason(s):

Printed Name: _____

Written Name: _____

Title: _____

Date: _____