



4986 N Adams Rd, Suite B  
Oakland Township, MI 48306  
Tel: (248)-609-1800  
Fax: (248)-278-4977

## **ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES**

### **Notice to Patient:**

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. In addition to the copy we will provide you, copies of the current notice are available by accessing our website at [www.monarchpediatrics.net](http://www.monarchpediatrics.net).

Please sign this form to acknowledge receipt of the Notice of Privacy Practices. You may refuse to sign this acknowledgement, if you wish.

### **Acknowledgement:**

I acknowledge that I have received a copy of the Notice of Privacy Practices.

---

*(Name of Patient)*

---

*(Signature of Patient or Patient's Representative)*

---

*(Date)*

---

*(Relationship to Patient)*



4986 N Adams Rd, Suite B  
Oakland Township, MI 48306  
Tel: (248)-609-1800  
Fax: (248)-278-4977

***For Office Use Only:***

I attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices from the individual noted above, but it could not be obtained because:

- An emergency prevented us from obtaining acknowledgement
- A communication barrier prevented us from obtaining acknowledgement
- The individual was unwilling to sign
- Other: \_\_\_\_\_

\_\_\_\_\_

STAFF MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_