



SILVER CROSS
MEDICAL GROUP

The way you *should* be treated.

NOTICE OF PRIVACY PRACTICES

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The notice contains patient rights section describing your rights under the law. You have the right to review our notice before signing this consent. The terms of this notice may change. If we change our notice, you may obtain a revised copy at your request.

ACKNOWLEDGEMENT OF RECEIPT NOTICE OF PRIVACY PRACTICES

You May Refuse To Sign This Acknowledgement

I, _____, have received a copy of this office's Notice of Privacy Practices.

(Signature)

(Date)

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices, but was unable to do so as documented below:

Date: _____

Initials: _____

Reason: _____
