

Johnson City Urological Clinic, P.C.
2340 KNOB CREEK ROAD STE 720
Johnson City, TN 37604
423-926-6112

Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name: _____

Patient Address: _____

**I have received a copy of the Notice of Privacy Practices for the
above named practice.**

Signature

Date

For Office Use Only

We were unable to obtain a written acknowledgement of receipt of the
Notice of Privacy Practices because:

An emergency existed & a signature was not possible at the time.

The individual refused to sign.

A copy was mailed with a request for a signature by return mail.

Unable to communicate with the patient for the following reason:

Other: _____

Prepared By: _____

Signature: _____

Date: _____