

Mark C. Stewart, M.D.
Acknowledgement of Receipt of
Notice of Privacy Practices

By signing below, I acknowledge that I have received the Notice of Privacy Practices from Dr. Stewart.

Patient/Legal Guardian Signature

Date

Documentation of Failure to Obtain Signed Acknowledgement

On _____, presented its Acknowledgement of Receipt of Notice of Privacy Practices Form to _____. The patient refused or was unable to provide a signature when requested.

Signature of Office Personnel

Date