Acknowledgment of Receipt of Notice of Privacy Practices

Patient Name:	Date:	Med Rec #/Account#	
		(internal use only)	
I hereby acknowledge that I have received the Notice of Privacy Practices of SOL.			
Thereby administrate and there is a second		, ii. c.	
Patient's Signature:		Date:	
When patient is a minor, or is not competent to	aive consent the signature s	fa parent avardian or other legal represent	tativo is roquirod
when patient is a minor, or is not competent to	give consent, the signature o	a parent, guardian, or other legar represent	.uuve is required.
Signature of Legal Representative:		Date:	
Signature of Legal Representative.		Date.	
Print Name of Legal Representative:			
Description of Legal Representative Autho	rity: Daront D Modice	J. Power of Atterney (attach decumentati	ion) Othor
Description of Legal Representative Author	inty. — Farent — Medica	Tower of Attorney (attach documentati	
Explain and Attach Documentation:			

NP-0219