

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.

Patient's Signature: _____ Date: _____

When patient is a minor, or is not competent to give consent, the signature of a parent, guardian, or other legal representative is required.

Signature of Legal Representative: _____ Date: _____

Print Name of Legal Representative: _____

Description of Legal Representative Authority: ☐ Parent ☐ Medical Power of Attorney (attach documentation) ☐ Other

Explain and Attach Documentation: _____