

**ACKNOWLEDGEMENT OF RECEIPT OF
ONslow AMBULATORY SERVICES, INC. NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have received the Onslow Ambulatory Services Notice of Privacy Practices on _____ (date). I understand that the Notice describes the uses and disclosures of my protected health information by Onslow Ambulatory Services and informs me of my rights with respect to my protected health information.

For more information, please contact the Onslow Ambulatory Service's HIPAA Privacy Officer at 910-577-2852.

Patient's Social Security Number (REQUIRED)

Patient Address

Signature of Patient/Personal Representative

Printed Name of Patient/Personal Representative

If Personal Representative, Indicate Relationship

Date

☐ Patient refused to sign or patient deferred signing until further review

Hospital Representative Initials