Family Hearing Services

775-738-4227
Fax: 775-738-4284

www.familyhearingservices.com hearing@familyhearingservices.com 1825 Pinion Rd, Ste D - Elko, NV

Acknowledgement of Receipt of Notice

I hereby acknowledge that I have read this medical practices notice of Privacy Practices.

Yes ____ No ____ I wish to receive a copy of Notice of Privacy Practices.

Signed ______________________________ Date __________________________________

Name: Telephone :

If not signed by the patient indicate relationship

- Parent or guardian if patient is a minor
- Guardian or conservator of an incompetent patient
- Beneficiary or personal representative of deceased patient

Name of Patient (if different than above) ____

For office use only:
Signed and received by: ______________________________

Acknowledgment refused: _________________

Efforts to obtain

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Reasons for refusal

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