



620 Summit Crossing Place, Gastonia
209 Park Street, Suite 300, Belmont

Acknowledgement of Receipt—Notice of Privacy Practices:

Our “Notice of Privacy Practices” document provides detailed information about the use and disclosure of my protected health information. I have the right to review the “Notice of Privacy Practices” document prior to signing this consent form. MRISC encourages you to read it in full.

Our “Notice of Privacy Practices” document is subject to change. You can obtain a copy of the current notice by accessing our website at www.mrispecialistsofthecarolinas.com or by contacting our organization and requesting that a revised copy be sent to you in the mail or given to you in person.

I, AS THE PATIENT OR THE PATIENT’S PERSONAL REPRESENTATIVE, HAVE RECEIVED A COPY OF THE MRISC “NOTICE OF PRIVACY PRACTICES” DOCUMENT UPON REQUEST, HAVE READ AND UNDERSTAND THE CONTENTS AND ACCEPT ITS TERMS.

If this acknowledgment of receipt is not obtained (i.e. emergency treatment situation) the MRISC representative (witness) **MUST** document his/her good faith efforts to obtain and the reason why the acknowledgment was not obtained.

Signed _____ Date _____
(Patient or Personal Representative)

Witnessed _____

GOOD FAITH EFFORT AND REASON ACKNOWLEDGMENT SIGNATURE WAS NOT OBTAINED:
