



Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name: _____ Date of Birth: _____

HIPPA – Notice of Privacy Practices

- I have been provided with a copy of Notice of Privacy Practices
- I know that the Notice may be changed at any time.
- I may get a new copy of the notice by writing to the Privacy Official, Genesis Neuroscience, 1400 Dowell Springs, Suite 100, Knoxville, TN 37909

Patient's Signature Date

Signature of Authorized Person Date

For staff use only:

____ Patient refused to sign. Patient was informed that signing merely acknowledges that the Notice has been made available to the patient.

Signature of Staff Date