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ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE

I hereby acknowledge that I have received a copy of Frederick Memorial Healthcare Systems' Notice of Privacy Practices. I have also received a copy of Oncology Care Consultants' Medical Record Policy.

Signed: _____ **Date:** _____

Printed Name: _____ **Telephone:** _____

If not signed by the patient, please indicate:

Relationship:

- _____ Parent or guardian of minor patient
- _____ Guardian or conservator of an incompetent patient
- _____ Beneficiary or personal representative of deceased patient

Name of Patient: _____

For Office Use Only:

_____ Signed form received by: _____

_____ Acknowledgement refused: _____

Efforts to obtain: _____

Reasons for refusal: _____

Staff Signature: _____