

**Notice of Privacy Practices
Acknowledgement**



Place Patient Label
Inside This Box

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**Notice of Privacy Practices
Acknowledgement**

- FirstHealth Moore Regional Hospital: Moore Campus Richmond Campus Hoke Campus
- FirstHealth Montgomery Memorial Hospital
- Dental Care Centers EMS/Critical Care Transport Employee Assistance Program
- Health & Fitness Centers Home Care Hospice
- Family Care Centers Other _____

TO BE COMPLETED BY PATIENT/PATIENT REPRESENTATIVE:

By signing below I acknowledge receipt of the FirstHealth of the Carolinas Notice Of Privacy Practices (NPP):

Signature

Date/Time

If NPP is provided to someone other than the patient, print the full name and relationship of the person receiving the Notice of Privacy Practices (NPP) on patient's behalf:

First

Middle

Last

Relationship

TO BE COMPLETED BY HEALTH SYSTEM PERSONNEL:

ACKNOWLEDGEMENT NOT OBTAINED AT TIME OF PATIENT/CLIENT CONTACT:

If after a good faith effort the patient refuses or is unable to sign to acknowledge receipt of an NPP, a FirstHealth of the Carolinas employee should document the reason and sign below:

- Individual refused to sign acknowledgment of receipt of NPP.
- Acknowledgement could not be obtained at time of service. Copy to be mailed.
- Other _____

Employee Signature

Date/Time