

Doylestown Family Medicine
300 Spruce Street
Doylestown, PA 18901

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Read before signing the Acknowledgment and Consent

This acknowledgment of notice and consent authorizes Doylestown Family Medicine to use and disclose health information about you for treatment, payment, and health care operations purposes.

Notice of Privacy Practices.

Doylestown Family Medicine has a Notice of Privacy Practices, which describes how we may use and disclose your protected health information and how you can access your protected health information and exercise other rights concerning your protected health information. You may review our current notice prior to signing this acknowledgment and consent

**I acknowledge that I received the Notice of Privacy Practices for
DOYLESTOWN FAMILY MEDICINE.**

Name of patient

Signature of patient (or patient's personal representative)

Date of receipt

Personal representative information (if applicable):

Name of personal representative

Relationship to patient (or other authority)

**GOOD FAITH EFFORTS TO OBTAIN
ACKNOWLEDGMENT OF RECEIPT OF NOTICE**

*For office use only when efforts to obtain
acknowledgment of receipt of notice are unsuccessful.*

Name of patient

Personal representative information (if applicable):

Name of personal representative

Relationship to patient (or other authority)

How to contact our Privacy Officer:

Mail: Address to Doylestown Family Medicine, Attention: Privacy Officer

300 Spruce Street, Doylestown, PA 18901

Telephone: 215-230-7800

Facsimile: 215-230-7993