



BARBARA ANN CENTER FOR FAMILY MEDICINE

15565 Northland Dr. Suite 108E

Southfield, MI 48075

Tel. 248-905-5470

Fax-248-905-5472

Patient Name: _____

Patient MRN# _____

Acknowledgement of notice of privacy practices

Barbara Ann Center For Family Medicine notice of Privacy Practices provides information about how we may use and disclose health information about you.

I acknowledge that I have received the Notice of Privacy Practices.

Signature of Patient or Patient's Representative

Date

Print Name

Relationship to patient

- Notice of Privacy Practices given – Patient Read and Signed
- Notice of Privacy Practices given _ Patient Unable to Sign
- Notice of Privacy Practices given – Patient Declined to Sign
- Other _____

Signature of Barbara Ann Center For Family Medicine Representative

Date

Print Name

Department