



NEXTGEN ID #

(For Office Use)

**ACKNOWLEDGMENT OF RECEIPT OF
CAREMOUNT MEDICAL HIPAA JOINT NOTICE OF PRIVACY PRACTICES**

I. Acknowledgment of Receipt of HIPAA Joint Notice of Privacy Practices

I have received a copy of CareMount Medical's HIPAA Joint Notice of Privacy Practices.

Patient's Name (Print)

Date of Birth

Signature of Patient/Parent/Guardian

Today's Date

II. Acknowledgment Declination

I have given a copy of CareMount Medical's HIPAA Joint Notice of Privacy Practices to the above Patient/Parent/Guardian. He/she declines to sign above acknowledging receipt.

Patient's Name (Print)

Date of Birth

Signature of CareMount Medical Employee

Today's Date