



# Norfolk Medical Group Privacy Notice Written Acknowledgement

Patient Name		
_____		
(Last)	(First)	(M)
Date of Birth _____		

I have received the Norfolk Medical Group Notice of Privacy Practices (Note: My signature does not indicate that I have read, understood or agree with the notice, only that it has been provided to me.)

\_\_\_\_\_  
Signature of Patient/Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient (if not the Patient)

Documentation of Good Faith Effort	
Attempted to distribute the Notice of Privacy Practices to the Patient/Parent/Legal Guardian, but the Patient/Parent/Legal Guardian declined to acknowledge the receipt of the Notice of Privacy Practices.	
The Notice of Privacy Practices was mailed to the Patient/Parent/Legal Guardian on _____ (date).	
Other: _____	
_____	
_____ Norfolk Medical Group Employee	_____ Date