

Friendswood Urgent Care
ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have been offered a copy of the Notice of Privacy Practices for the Practice of **Friendswood Urgent Care**.

Patient/Guardian Signature	Witness
Print Name of Patient	Patient's Date of Birth
Date of Signature	Date

Documentation of Failure to Obtain Signed Acknowledgement:

On _____, this Acknowledgement of Receipt of Notice of Privacy Practices was presented to _____ (the Patient/Guardian). The Patient /Guardian refused to provide a signature when requested.

Privacy Officer:

James Grossman, M.D.
1305 West Parkwood
Friendswood, Texas 77546
(281) 648-4800

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