

Grand Prairie 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 Grand Prairie 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:

Carolyn Scott, M.D.
5204 S. Hwy 360, Suite 400
Grand Prairie, TX 75052
(972) 755-1785

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