

NORTH CAROLINA UROLOGICAL ASSOCIATES
RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM

I _____ have received a copy of NC Urological Associates
Patient Name

Notice of Privacy Practices (NPP). The notice provides in detail the uses and disclosures of my protected health information (PHI).

Signature of Patient

Date

Relationship to patient (if signed by a personal representative of patient): _____

Signature of Patient

Date