

\_\_\_\_\_ Patient Chart #

**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