



HEALTH CARE PARTNERS OF SC, INC.

123 E. Broadway St.
Johnsonville, SC 29555
843-386-3573
Fax: 877-322-0181

243 Singleton Ridge Rd.
Conway, SC 29526
843-248-4700
Fax: 877-322-0181

1608 N. Main St.
Conway, SC 29526
843-248-4700
Fax: 877-322-0181

145 Palmetto Pointe Rd.
Marion, SC 29571
843-423-2400
Fax: 877-322-0181

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

MRN _____

Printed Patient Name: _____ Patient DOB: _____

I hereby acknowledge that I have been offered or have received the HIPAA Notice of Privacy Practices document.

Signature of Patient or Patient's Representative/Parent/Legal Guardian Date: _____

Signature of Patient or Patient's Representative/Parent/Legal Guardian

Relationship to patient

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign.
 - Communications barriers prohibited obtaining the acknowledgement.
 - An emergency situation prevented us from obtaining acknowledgement.
 - Other (Please Specify).
- _____
- _____
- _____
- _____
- _____
- _____