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145 Palmetto Pointe Rd.
Marion, SC 29571
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6874 Hwy 908
Gresham, SC 29546
843-352-8772
Fax: 877-322-0181

1606 B Main St.
Conway, SC 29526
843-488-6350
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).