

## Lung and Chest Medical Associates

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### Acknowledgement of Receipt Of Notice of Privacy Practices

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Patient Name: \_\_\_\_\_

I have received a copy of the Notice of Privacy Practices for the above named practice.

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Signature

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Date

- As the representative of the above individual, I acknowledge receipt of the Notice on his or her behalf.

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(Signature)

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(Relationship)

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(Date)

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#### For Office Use Only

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We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- An emergency existed & a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with the patient for the following reason:  
\_\_\_\_\_
- Other: \_\_\_\_\_

Prepared By \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_