



*Journey Medical*  
Let food be thy medicine

207 Chartwell Court • Myrtle Beach, South Carolina 29588 • (843)222-0391 • <https://journeymedical.org>

## ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY POLICY NOTICE

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent/Legal Guardian or Patient's Legal Representative:** \_\_\_\_\_

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

\_\_\_\_\_ **Date:** \_\_\_\_\_  
(Patient Signature)

### FOR OFFICE STAFF USE ONLY

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

- \* Due to an emergency, it was not possible to obtain a signature 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:

\_\_\_\_\_

Comments:

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**Prepared by:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature)