Morris, Simmons & Associates
32363 Ann Arbor Trail Westland, MI 48185
Phone 734.425.5580 Fax 734.425.9340
morris-simmons@sbcglobal.net
www.morrissimmonsassoc.com
A Partnership of Professional Corporation

Acknowledgement of Receipt of Notice of Privacy Practices

You May Refuse to Sign this Document

I have received a copy of this office's Notice of Privacy Practices, regarding my PHI, (protected health information)

Patient Name: _____

Signature: _____
(Parent or Guardian if Minor)

Date: _____

I consent release of any PHI information to the following:

NAME AND PHONE NUMBER: _____

NAME AND PHONE NUMBER: _____

NAME AND PHONE NUMBER: _____

OFFICE USE ONLY

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

___ Individual refused to sign

___Communication barriers prohibited obtaining the acknowledgment

___An emergency situation prevented us from obtaining acknowledgement

___Other (Please Specify)