BELLBROOK FAMILY PRACTICE

John E. Murphy, IV, D.O.
John E. Murphy, III, D.O.

6438 Wilmington Pike, Suite 110
Centerville, Ohio 45459
Phone: (937) 848-4121
Fax: (937) 848-5965

ACKNOWLEDGEMENT

RECEIPT OF NOTICE OF PRIVACY PRACTICES

BELLBROOK FAMILY PRACTICE

By signing below, I acknowledge that I have been given the opportunity to review the Notice of Privacy Practices from Bellbrook Family Practice. A copy will be made available upon request.

_____
PRINT NAME

X _____ _____

Patient Signature **Date**

X _____ _____

Witness Signature **Date**

Please list the name(s) of person(s) with whom we MAY discuss YOUR medical and financial information: (For example, your spouse or family members.)

_____ _____

_____ _____

Please list the name(s) of person(s) with whom we MAY NOT discuss your medical or financial information:

_____ _____

Documentation of Failure to Obtain Signed Acknowledgement

On (Date)_____, (Employee) _____ presented this Acknowledgement of Receipt of Notice of Privacy Practices form to (Patient Name) _____. This patient refused to provide a signature when requested.