



WILDWOOD FAMILY CLINIC, S.C

“HEALTHCARE FOR ALL AGES”

Written Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name: _____

Date Of Birth: _____

I acknowledge receipt of the written Notice of Privacy Practices Form Wildwood Family Clinic, S.C

Patient or Personal Representative Signature

Date

If Personal Representative, describe relationship

- The patient’s condition prohibits the individual from signing an acknowledgement at this time. Signature will be obtained in a reasonable amount of time after the patient’s condition improves.
- Patient is an unaccompanied minor. Notice and a copy of this form given to take home to parent or personal representative.
- Unable to obtain Acknowledgement Reason:

Employee Signature

Date