



PROVIDING UROLOGIC CARE & SURGERY
A Division of 21st Century Oncology, LLC

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF HEALTH INFORMATION PRACTICES**

I, _____, have received a copy of
Uromedix Notice of Health Information Practices.

PRINT NAME

SIGNATURE

DATE

FOR STAFF USE ONLY

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

- Individual refuses to sign
- Communication barriers prohibited obtaining acknowledgement
- An emergency situation prevented us from acknowledgement
- Other (Please Specify)

PATIENT NAME

SIGNATURE OF STAFF MEMBER

DATE