

MOULTON GROUP, PC

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have received a copy of this office's Notice of Privacy Practices Form.

WITNESSES:

Patient Print Name

Witness Print Name

Patient Signature

Witness Signature

Date

Date

Relationship to Patient

Documentation of Failure to Obtain Signed Acknowledgement

On _____, 2011, _____ presented this Acknowledgment of Receipt of Notice of Privacy Practices Form to _____ (the "Patient"). The Patient refused to provide a signature when requested.