

**RECEIPT OF NOTICE OF PRIVACY PRACTICES
CRIMSON INTERNAL MEDICINE, LLC**

PLEASE COMPLETE THE FIRST SECTION ONLY

Patient _____

Given to patient on: _____ Version/Effective Date: 01/01/2016 _____

Signature of Patient or Personal Representative Date

Relationship of Personal Representative to the Patient: _____

Modified version given: _____ Version/Effective Date: _____

Signature of Patient or Personal Representative Date

Relationship of Personal Representative to the Patient: _____

Modified version given: _____ Version/Effective Date: _____

Signature of Patient or Personal Representative Date

Relationship of Personal Representative to the Patient: _____
