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Privacy Notice Acknowledgement

Purpose: This form is used to document (a) an individual's acknowledgement of receipt of our Privacy Practices Notice or (b) when we have not obtained this acknowledgement our good faith effort to obtain the acknowledgement.

Patient Name: _____
Medical Records Number _____ Social Security Number _____

Acknowledgement

I, _____, acknowledge that I have received a Privacy Policy Notice fro above-named facility.

Further, by signing below I provide my permission for this facility to use and disclose my medical information for the purpose discussed in the Notice of Privacy Practices, which includes, among other purposes, uses and disclosures for treatment, payment and healthcare operations.

Patient Signature _____ Date _____

If a personal representative on behalf of the individual signs this authorization, complete the following:

Personal Representative's Name _____

Relationship to Individual _____

IF NOT SIGNED: (Good faith effort to obtain acknowledgement of receipt.)

Describe your good faith effort to obtain the individual's signature on this form _____

Describe the reason individual would not sign form _____

Facility Representative

Date

Print Name

Title