

Tennessee Reproductive Medicine, PLLC

Acknowledgement of Receipt of Privacy Practices

I, _____ have received a copy of Tennessee Reproductive Medicine, PLLC Notice of Privacy Practices.

Date

Print Name

Signature

OFFICE USE ONLY

On _____ 20__ at _____ (AM/PM) we made a good faith attempt to obtain a written acknowledgement of receipt of our NPP, but acknowledgement could not be obtained because of the following reasons:

_____ Patient refused to sign

_____ Communication barriers prevented obtaining a receipt

_____ An emergency prevented obtaining a receipt

_____ Other: _____