



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I **received** a copy of Willamette Pain & Spine's Notice of Privacy Practices.

Name: _____ Date: _____

Signature: _____

I hereby acknowledge that I was **offered and declined** a copy of Willamette Pain & Spine's Notice of Privacy Practice. I agree that Willamette Pain & Spine made a good faith effort to provide me with this information. I understand that I may request a copy of Willamette Pain & Spine's Notice of Privacy Practices at any time and may also find it on their website at www.willamettepain.com.

Name: _____ Date: _____

Signature: _____

If not signed by the patient, please indicate relationship:

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient
- Beneficiary or personal representative of deceased patient
- Other: _____

Name of Patient: _____