GROSSE ILE URGENT CARE

8944 MACOMB ST, GROSSE ILE MI 48138 | PHONE (734) 675-0705

Patient's Name: _____ Date of Birth: ____/____/_____
(please print)

Acknowledgment of notice of privacy practices

I acknowledge:

A copy of the provider's notice of privacy practices was made available to me at the place where I went for health care services. A copy of the notice of privacy practices was made available for me to review and a copy provided per my request.
If I came in for health care services in an emergency situation, I was able to view the notice as soon as reasonably possible after the emergency situation.

Signature of patient or patient's representative: _____ Date: ____/____/_____

Signature of Witness: _____ Date: ____/____/_____

For Office Use Only:

If an acknowledgment is not obtained, document below provider's good faith efforts to obtain the acknowledgment and the reason why the acknowledgment was not obtained:

Individual's name: _____ Date: ____/____/_____

Reason Acknowledgment was not obtained: please check one.

1. Individual declined to sign.
2. Individual stated that he/she has already received a copy.
3. Individual arrived under emergency circumstances
4. Individual was not present to sign
5. Others: _____

_____

Signature of workforce member:_____Date:____/____/_____

Submit the completed form by email to **grosseile@downriverclinics.com**