



**Margolin, Keinarth & Alberda, M.D.
Family Health Center**

MARGOLIN, KEINARTH & ALBERDA, M.D.

Acknowledgement of Receipt of Privacy Notice

<p><u>For Office Use Only:</u></p> <p>Patient Name: _____</p> <p>Account Number: _____</p> <p>Date of Request: _____</p>
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By signing this form, you acknowledge that **Margolin, Keinarth & Alberda, M.D.** has given you a copy of its Privacy Notice, which explains how your health information is handled within this practice for various situations. We must try to have you sign this form on the first date of service with **Margolin, Keinarth & Alberda, M.D.** on or after April 14, 2003. This includes the situation where your first date of service occurred electronically.

If your first date of service with **Margolin, Keinarth & Alberda, M.D.** was due to an emergency, we must try to give you this notice and get your signature acknowledging receipt of this notice as soon as we can after the emergency.

Check all that apply:

- I have received **Margolin, Keinarth & Alberda, M.D.**'s Privacy Notice.
- Margolin, Keinarth & Alberda, M.D.** has given me the chance to discuss my concerns and questions about the privacy of my health information.

Patient Signature: _____

Margolin, Keinarth & Alberda, M.D. staff should complete if Acknowledgement Form is not signed:

1. Does patient have copy of the Privacy Notice?

YES NO

2. Please explain why the patient was unable to sign acknowledgement and staff efforts to obtain signature:
