



Anderson Primary Care, LLC
dba Primary Care Express - Frankfort

Notice of Privacy Practices Acknowledgement

You May Refuse To Sign This Acknowledgement

I hereby acknowledge that I have read a copy of this office's Notice of Privacy Practices. I further acknowledge that I have a right to request a copy of this office's Notice of Privacy Practices at any time.

Signature: _____

Print Name: _____

Date Signed: _____

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We attempted to obtain written acknowledgement for our Notice of Privacy Practices, but we were unable to obtain acknowledgement because:

- Individual refused to sign the acknowledgement
- Communication barriers prohibited obtaining acknowledgement
- An emergency situation prevented obtaining acknowledgement
- Other (As Specified) _____
- _____

Signature: _____

This form does not constitute legal advice, and covers only federal law in effect as of April 14, 2003. Subsequent changes in the law may require a new or revised form.