

Shelby Medical Associates, P.A.  
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**ACKNOWLEDGEMENT OF RECEIPT**  
**NOTICE OF PRIVACY PRACTICES**

I have received a copy of the Notice of Privacy Practices for the above named medical practice.

\_\_\_\_\_  
Patient Signature

FOR OFFICE USE ONLY

**We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:**

\_\_\_ An emergency existed and a signature was not possible at the time.

\_\_\_ The individual refused to sign.

\_\_\_ A copy was mailed with a request for a signature by return mail.

\_\_\_ Unable to communicate with the patient for the following reason: \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_