



Comprehensive
Ear, Nose and Throat, P.C.

1179 East Paris Ave. SE. #100
Grand Rapids, MI. 49546 (616) 942-0380
www.compentpc.com

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF
PRIVACY PRACTICES**

By signing below I acknowledge that I have had the opportunity of reading Comprehensive Ear Nose and Throat, PC.'s Notice of Privacy Practices Form. (HIPAA Form) A copy can be provided upon request.

Print Patient Name

Signature

Relationship (if other than patient)

Date

I understand that if I do not sign this form, then Comprehensive Ear, Nose and Throat, PC. will still provide medical treatment, but will not be able to release information to bill any third party payers (insurance companies). All transactions will be on a cash, credit card, or personal check basis.

Documentation of Failure to Obtain Signed Acknowledgement

On _____, 200____, _____ presented this
(date) (staff member's name)

Acknowledgement of Receipt of Notice of privacy Practices Form to

_____. The Patient refused to provide a signature when
(Patient's name) requested.