

Acknowledgement of Receipt of Notice

RADIATION ONCOLOGY ASSOCIATES, CHARTERED

CARSON-TAHOE RADIATION ONCOLOGY ASSOCIATES, CHARTERED

Privacy Officer: Gary E. Campbell, M.D., (775) 883-5505

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices.

Signed*: _____ Date: _____

Print Name: _____ Telephone: _____

*If not signed by the patient, please indicate:

Relationship:

- parent or guardian of minor patient
- guardian or conservator of an incompetent patient
- beneficiary or personal representative of deceased patient

Name of Patient: _____

For office use only:

Acknowledgement Refused

On this date, the undersigned patient refused or failed to acknowledge receipt of this medical practice's Notice of Privacy Practices.

Name of Patient: _____

Reason for refusal/failure: _____

Employee's Signature

Date

File Signed Copy with Patient's Record