

For Internal Use Only

MRN:

Date of service:

Mequon Vascular Associates SC / Milwaukee Laser & Body Aesthetics, Ltd.
Notice of Privacy Practices Acknowledgment Form

Keeping your protected health information private is important to us. We have provided you with a copy of our notice of privacy practices. Our notice of privacy practices includes a summary of your rights in regards to your protected health information. It also describes how we use, share, and protect your protected health information. We ask that you sign this form to acknowledge you received a copy of it.

If your first date of service with us was due to an emergency, we will try to give you our notice of privacy practices and get your signature acknowledging receipt of this notice as soon as we can after the emergency.

I received a copy of Mequon Vascular Associates SC / Milwaukee Laser & Body Aesthetics, Ltd.'s notice of privacy practices.

Patient printed name

Signature of patient or legal representative*

Date

*Name of the legal representative completing this form

Legal authority: Parent** Legal guardian Next of kin / executor of deceased Activated POA for health care

**By signing above, I am confirming that I have not been denied physical placement of this child

For MVA / MLBA's Internal Use Only – Complete this section if a signed acknowledgment was not obtained

Did the patient receive a copy of the notice of privacy practices?

Yes

No

Please explain why the patient did not sign an acknowledgment form:

- Emergency / patient was not alert (will try again after the emergency / patient is alert)
- Legal representative was not present for registration
- Patient left before a signature was obtained
- Patient bypassed registration
- Patient refused to sign
- Legal representative refused to sign
- Patient did not understand / communication barrier
- Other: _____

Entered in Advanced MD

Name of workforce member

Title

Signature

Date

Original: chart