

Mark E. Richey, M.D., P.C.

Obstetrics & Gynecology

1200 Airport Heights Drive, Suite 205 Anchorage, AK 99508

Phone: (907) 272-4443 Fax: (907) 272-2262

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, (name of patient) _____, acknowledge and agree that I have received a copy of **Mark E. Richey, M.D., P.C.**'s Notice of Privacy Practices.

Patient Signature

Date

Patient Legal Representative (if applicable)

Date

Patient Legal Representative Signature

Relationship to Patient

For Clinic Use Only:

Mark E. Richey, M.D., P.C. made the following good faith efforts to obtain the above-referenced individual's written acknowledgement of receipt of the Notice of Privacy Practices:

(Please identify the efforts that were made to obtain the individual's written acknowledgement, including the reasons (if known) why the written acknowledgement was not obtained.)