

Notice of Privacy Practices
Gregory Singer, MD Medical Center

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Patient Name: _____

Personal Representative Name: _____
Relationship: _____

Dr. Singer Medical Center has provided the above named patient personal representative with the Notice of Privacy Practices for Medical Center.

- A copy was offered and the individual refused to accept the copy.
- A copy was offered and the individual accepted the copy.
- Other

Describe efforts to obtain signature on acknowledgement of notice form:

- The patient/personal representative was asked to sign form and refused
- Other

Signature

Date

Print Name

Medical Center Employee Initials