

# Health Partners LLC

130 Corridor Road, Box 830 Ponte Vedra Beach, FL 32004

Phone (904) 373-0942 Fax (904) 395-9018

I hereby acknowledge that I have received a copy of Health Partners LLC's Notice of Privacy (NPP).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

*If not signed by the patient, please indicate the relationship:*

\_\_\_\_ Guardian or conservator of an incompetent patient

\_\_\_\_ Beneficiary or personal representative of deceased patient

Name of patient: (Please Print) \_\_\_\_\_ DOB: \_\_\_\_\_

For office use only:

Signed form received by (Print Name): \_\_\_\_\_ Initials: \_\_\_\_\_

\_\_\_\_ Patient refused to sign acknowledgment:

Efforts to obtain signature: \_\_\_\_\_

Reason patient refused: \_\_\_\_\_