



18510 MEYERS ROAD
DETROIT, MICHIGAN 48235
PH: 313-474-3040 F: 313-474-4101
INFO@CHUNTERHEALTHCARE.COM

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below I acknowledge that I received a copy of this office's Notice of Privacy Practice Form

Patient Signature Date

Witness Date

REFUSED TO SIGN ACKNOWLEDGEMENT

On _____ presented this Acknowledgement
Date Staff Name

Of Receipt of Notice of Privacy Practice Form to _____ ("patient"). The patient refused to provide a signature when requested.