



Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, have received the Notice of Privacy Practices from Carolina Kidney & Hypertension Center.

X _____ Date: _____

In the event patient refuses or is not able to sign, staff member will complete below.*

In lieu of patient signature, I, _____, a staff member of Carolina Kidney & Hypertension Center, state that _____ has been given our current Notices of Privacy Practices

X _____ Date: _____

If you need immediate assistance or have further questions please call **843-573-0499**.