

**Mary McDonald, M.D., S.C.**

**Written Acknowledgement of Receipt**

I, \_\_\_\_\_, acknowledge that I have received the written  
Patient Name  
Notice of Privacy Practices from Mary McDonald, M.D., S.C.

\_\_\_\_\_  
Patient or Personal Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
If Personal Representative, describe relationship

The patient's condition prohibits the individual from signing an acknowledgement at this time. It will be obtained as reasonably practicable after the patient's condition improves.

Acknowledgment was unable to be obtained. Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date