
Carolina Ear and Hearing Clinic, PC
3100 Duraleigh Road, Suite 300
Raleigh, NC 27612

**Acknowledgement of Receipt
Of Notice of Privacy Practices**

Patient Name & Address: _____

A representative from Carolina Ear and Hearing Clinic, PC may:

Leave a message on my answering machine/voicemail: _____ YES _____ NO

Speak with a family member in my home about my care: _____ YES _____ NO

Speak with family member calling our office concerning my care: _____ YES _____ NO

Signature below is only an acknowledgement that you have received this
Notice of Privacy Practices:

Signature

Date

For Office Use Only

**We were unable to obtain a written acknowledgement of receipt of the Notice of
Privacy Practices because:**

- An emergency existed & a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with the patient for the following reason:

Prepared By _____

Signature _____

Date _____
