Carolina Ear & Hearing Clinic, PC ★
5900 Six Forks Road, Suite 200
Raleigh, NC 27609
919-876-4327; Fax 919-876-6800

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

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

_____

Patient 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: