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Acknowledgement of Review of Notice of Privacy Practice

Patient Acknowledgement:

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative

Description of Personal Representative's Authority

For Office Use Only

We attempted to obtain written acknowledgement of review of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
 Communication barriers prohibited obtaining this form
 Emergency situation prevented us from obtaining this form
 Other _____

Personnel Signature

Print Personnel's Name

Date

