

**OHIO KIDNEY CONSULTANTS, INC.**

Acknowledgement by Patient or Patient's Representation of Receipt of Notice of Privacy Practices

- I acknowledge receiving a copy of the Notice of Privacy Practices given to me by Ohio Kidney Consultants.
- I understand this notice explains what Ohio Kidney Consultants does to protect the use or disclosure of my health care information. I will share this Notice with other adult members of my household.
- I understand I should keep it and refer to it if I have questions. I also understand I should call the practice's Privacy Officer at 614-538-2250 if I have a question or concern about my privacy rights.

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
(if applicable) Printed name of patient's representative and relationship to patient

X \_\_\_\_\_  
Signature by patient or patient's representative

X \_\_\_\_\_  
Date

**OFFICE USE ONLY – IF ACKNOWLEDGEMENT NOT SIGNED**

The following attempt(s) were made to obtain a written Acknowledgement of Receipt:

- \_\_\_ NPP given to patient, who refused to sign.
- \_\_\_ NPP was mailed to patient's home address as stated in records.
- \_\_\_ NPP was mailed to alternate address as requested by patient.
- \_\_\_ NPP was faxed or e-mailed to patient, at patient's request.

Other reason(s) why written acknowledgement not obtained: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person attempting to obtain signed Acknowledgement

\_\_\_\_\_  
Date