



P. Robert Mitchell, M.D. P.A.
Acknowledgment of Receipt of
Notice of Privacy Practices

I _____ have read the Notice of Privacy Practices.

Please print name: _____

Signature: _____

Date: _____

I will allow the following people access to my medical information. (You don't have to check any of them if you would like your information private.)

- Spouse Child Parent Other:

Signature: _____ Date: _____

For Office Use Only:

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

- Individual refused to sign
 Communication barriers prohibited us from obtaining acknowledgment
 An emergency situation prevented us from
