

**ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES**  
**CAMPBELL FAMILY PRACTICE AND GHEBRANIOUS INTERNAL MEDICINE**

I, [name of patient] \_\_\_\_\_, acknowledge and agree that I have reviewed a copy of **Campbell Family Practice and Ghebraniou Internal Medicine' Notice of Privacy Practices.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient's Legal Representative (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Legal Representative

\_\_\_\_\_  
Relationship to patient

**Clinic Use Only:**

**Campbell Family Practice and Ghebraniou Internal Medicine** made the following good faith efforts to obtain the above-referenced individual's written acknowledgment of the Notice of Privacy Practices: [Identify the efforts that were made to obtain the individual's written acknowledgment, including the reasons (if known) why the written acknowledgment was not obtained.]:

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

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Employee

\_\_\_\_\_  
Title