David L. Spivey, MD
Medical Director
Board Certified, Pain Medicine

Jeffery A. Adams, MD
Board Certified, Pain Medicine

Chad Caldwell, MHS, PA-C
Michael Roche, PA-C
Pamela Campbell, PA-C

Preferred
Pain Management & Spine Care
Relieve Pain. Restore Function...Resume Life.

2912 Maplewood Avenue
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336.760.0706 ph
336.760.1927 fx

1511 Westover Terrace, Suite 107
Greensboro, NC 27408
336.398.5155 ph
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PreferredPainManagement.com

NOTICE OF PRIVACY PRACTICES - ACKNOWLEDGMENT OF RECEIPT

Patient Name (printed): _____ Date of Birth: _____

The Notice of Privacy Practices provides information about how we may use and disclose protected health information about you.

I acknowledge that I have been given the opportunity to review the Notice of Privacy Practices and have been offered a copy to keep.

_____ _____
Signature of Patient or Legal Representative Date

If signed by Legal Representative, relationship to Patient _____

_____ _____
Witness Date

WRITTEN ACKNOWLEDGMENT NOT OBTAINED

Please document your efforts to obtain acknowledgement and reason it was not obtained.

☐ Patient unable to sign

☐ Patient declined to sign

_____ _____
Signature of Staff Date