David L. Spivey, MD
Medical Director
Anesthesiology & Pain Medicine

Mark H. Scheutzow, MD, PHD
Addictionology and Pain Medicine

Jeffery Adams, MD
Anesthesiology & Pain Medicine

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Chad Caldwell, PA-C

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