Graper • Harper
Cosmetic Surgery

Garrett Harper, MD • **Evon Zoog**, MD

Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name & Address: _____

_____

_____

I have received a copy of the Notice of Privacy Practices for the above named practice.

_____ _____

Signature Date

For Office Use Only

We were unable to obtain a written acknowledgement of receipt of Notice of Privacy Practices because:

☐ An emergency existed & a signature was not possible at the time.

☐ The individual refused to sign.

☐ A copy was mailed with a request for a signature by return mail.

☐ Unable to communicate with the patient for the following reason:

☐ Other:_____

_____

Prepared by: _____

Signature: _____

Date: _____

2915 Coltsgate Road • Suite 103 • Charlotte, NC 28211
P 704.375.7111 • **F** 704.375.0444 • www.ghsurgery.com