



SWAN SURGICAL
CARDIAC THORACIC VASCULAR

SWAN SURGICAL, PLLC
353 NEW SHACKLE ISLAND RD., SUITE 200A
HENDERSONVILLE, TN 37075

Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I have received the Notice of Privacy Practices for the above office.

Signature: Patient's Name/Personal Representative (as defined by HIPPA)

Date

Description and written name of Personal Representation and please attach a copy of documentation

Documentation of "Good Faith" attempt to get acknowledgement signature.

____ Document present to patient, but patient refused to sign

____ Patient present with an emergency situation and there was no time to give Notice or receive a signature. Attempt to give the Notice and get any acknowledgement will be handled as soon as possible.

____ Documentation was presented to patient, but a communication failure prevented us from receiving the Acknowledgement.

____ Other: _____

Employee Signature

Date