



Ark Multispecialty Physicians, PLLC
25130 Southfield Rd, Suite 105
Southfield, MI 48075
Phone: 248-234-6790 Fax: 248-595-8586

Acknowledgement of Receipt

Joint Notice of Privacy Practices

Your name and signature on this form indicates that you have received **Joint Notice of Privacy Practices** on the date and time indicated below.

Print Name: _____

Signature: _____

Relationship to Patient: _____

Date Received: _____ Time received: _____

For Facility Use Only

We attempted to obtain written acknowledgement of patient's receipt of our **Joint Notice of Privacy Practices**, but acknowledgement could not be obtained from the patient for the following reason:

- Individual refused to Sign
- Emergency Situation Prevented Signature
- Patient requested Above Individual Sign on His/ Her Behalf
- Other (please specify) _____

Registration Representative Signature: _____ Date: _____

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