

**Acknowledgement of Notification of Change Regarding  
“ Notice of Privacy Practices”**

I acknowledge that I have been notified and understand that Neil A Patterson MD PA’s *Notice of Privacy Practices* containing a description of the uses and disclosures of my health information has been updated to comply with the HITECH Omnibus Rule and that I may receive an updated copy of Neil A Patterson MD PA’s *Notice of Privacy Practices* by submitting a request in writing for a current copy or printing a copy from [www.pattersonmd.net](http://www.pattersonmd.net). I further understand that Neil A Patterson MD PA may update its *Notice of Privacy Practices* at any time.

\_\_\_\_\_  
Printed Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

If completed by patient’s personal representative, please print name and sign below.

\_\_\_\_\_  
Printed Patient Personal Representative Name

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Patient Personal Representative Signature

\_\_\_\_\_  
Date

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**For Neil A Patterson MD PA Official Use Only**

Complete this form if unable to obtain signature of patient or patient’s personal representative.

Neil A Patterson MD PA made a good faith effort to obtain patient’s written acknowledgement of the *Notice of Privacy Practices* but was unable to do so for the reasons documented below:

- Patient or patient’s personal representative refused to sign
- Patient or patient’s personal representative unable to sign
- Other \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Name Printed

\_\_\_\_\_  
Date