



# MEMORY CENTER

*a nonprofit dedicated to fighting  
Alzheimer's and related dementia*

CHARLOTTE

## Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### HIPPA – Notice of Privacy Practices

- I have been provided with a copy of Notice of Privacy Practices
- I know that the Notice may be changed at any time.
- I may get a new copy of the notice by writing to the Privacy Official, Memory Center Charlotte, 300 Billingsley Road, #108, Charlotte, NC 28211

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Date/Time

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

### *For staff use only:*

\_\_\_\_ Patient refused to sign. Patient was informed that signing merely acknowledges that the Notice has been made available to the patient; or \_\_\_\_ Patient was initially treated for an emergency condition. The notice was made available to the patient either after stabilization or upon transfer.

\_\_\_\_\_  
Signature of Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time