

**Schneider Medical Group, PA**  
**8341 Bandford Way, Ste. 103**  
**Raleigh NC, 27615**  
**919-301-8971**

**ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES AND  
CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION**

Notice of Privacy Practices. You have the right to read our Privacy Practices before you decide whether or not to sign this consent. A copy of our Notice is available upon request. Our Notice provides a description of the uses and disclosures we make of your protected health information.

By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment and healthcare operations.

I have been shown a copy of this office's Notice of Privacy Practices and have had full opportunity to read and consider its contents.

**Patient's Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Legal Guardian Name** \_\_\_\_\_

**Relation to Patient:** \_\_\_\_\_

**Legal Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

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**For Office Use Only**

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- \_\_\_\_ Individual refused to sign
- \_\_\_\_ Communications Barriers prevented obtaining acknowledgement
- \_\_\_\_ Other (specify) \_\_\_\_\_