P3 Medical Group

Built by **Doctors.** Loved by **Patients.**

Acknowledgement of Receipt

Patient Name:_____ DOB: _____

- I have read and understand the HIPAA Notice of Privacy Practices for P3 Medical Group. I also received a copy of the HIPAA Notice of Privacy Practices (attached).

- I have read and understand the Patient Rights and Responsibilities for P3 Medical Group. I also received a copy of the Patient Rights and Responsibilities (attached).

Patient Signature: _____ Date: _____

Personal Representative: _____ Relationship: _____

Staff Signature: _____ Date: _____