

**Fullerton Surgery Center
Notice of Privacy Practices Form
Effective 4/14/2003**

I have received a copy of the Notice of Privacy Practices:

- Paper
 Electronic Mail

Name of Patient: _____

Signature of Individual Acknowledging NPP _____

- Patient
 Healthcare Surrogate
 Personal Representative

Employee Witness: _____

Date: _____

Fullerton Surgery Center was unable to attain patient acknowledgment of the Notice of Privacy Practices. Please explain below circumstances of patients's refusal to acknowledge the Notice of Privacy practices in the section provided below.

Name of Employee: _____

Employee Signature: _____

Date: _____

A copy of this form should be placed in the patient's medical record.