



Gail Giltner, FNP-BC  
Deborah Rossel, FNP-BC  
1600 NW 6th Street, North Suite  
Grants Pass, OR 97526  
Phone: (541) 916-5500  
Fax: (541) 916-5010  
NorthwestFamilyPractice.com

## Acknowledgment of Receipt of Notice of Privacy Practices

I, \_\_\_\_\_ (print patient name), acknowledge and agree that I  
have received a copy of NorthWest Family Practice’s Notice of Privacy Practices.

Patient signature \_\_\_\_\_ Date \_\_\_\_\_

Patient legal representative signature \_\_\_\_\_ Date \_\_\_\_\_

Print name of legal representative \_\_\_\_\_

Relationship to patient \_\_\_\_\_

### FOR CLINIC USE ONLY

NorthWest Family Practice made the following good faith efforts to obtain the above referenced individual’s  
written acknowledgment of receipt of the Notice of Privacy Practices.

_____	Date _____
_____	Date _____
_____	Date _____
_____	Date _____
_____	Date _____