



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Shenandoah Oncology, P.C. is committed to protecting your privacy and ensuring that your health information is used and disclosed appropriately. You should have received our Notice of Privacy Practices, which identifies all potential uses and disclosures of your health information by our practice and outlines your rights with regard to your health information. Please sign the form below to acknowledge that you have received our Notice of Privacy Practices. If you have not received a copy of the Notice of Privacy Practices, please let us know so we can provide you with another copy.

I acknowledge that I have received a copy of the Notice of Privacy Practices of Shenandoah Oncology, P.C.

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Name of Representative (if appropriate):

Signature of Representative (if appropriate):

Shenandoah Oncology, P.C. Use Only

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