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**ACKNOWLEDGEMENT OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES**

By signing below, I acknowledge that I have been offered or received a copy of this office's Notice of Privacy Practices form.

Patient Signature

Date

Representative

Date

Attempt to Obtain Acknowledgment

An attempt was made to obtain an acknowledgment of receipt of the "Notice of Privacy Practices" on _____. The acknowledgment was not obtained because:

- The patient was undergoing emergency treatment
- The patient declined to sign the acknowledgment
- Other _____

Signature

Name of Patient

Name of Staff Member

Date