

# Virginia Surgery Associates, P.C.

## Acknowledgement of Privacy Notice Receipt

I have been provided a copy of the Notice of Privacy Practices for Virginia Surgery Associates, PC with an effective date of April 14, 2003.

\_\_\_\_\_  
Signature of patient or patient's representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of patient or patient's representative

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**If applicable, relationship to patient**

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*For office use only*

**No Restrictions  
Patient signed**

**With Restrictions**

**Consent**

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**We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:**

**Individual refused to sign  
prohibited obtaining**

**Communication barriers**

**Emergency situation prevented obtaining**

**Other:** \_\_\_\_\_