



205 N Phoenix Rd., Ste. 325 | Phoenix, Oregon 97535
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Acknowledgment of Receipt of Notice of Privacy Practices

I, _____ (print patient name), acknowledge and agree that I have received a copy of Murphy Creek Wellness’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

Murphy Creek Wellness 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 _____