

UROSOUTH, PLLC Notice of Privacy Practices

I have received a copy of Urosouth, PLLC Notice of Privacy Practices. I understand that Urosouth, PLLC must change its policies and procedures from time to time as necessary and appropriate to comply with changes in the law. Urosouth, PLLC reserves the right to change a privacy practice and the related policies and procedures that are contained in Urosouth, PLLC Notice of Privacy Practices, and all material changes will be reflected in a revised Notice of Privacy Practice that will be effective for all protected health information that Urosouth, PLLC maintains. I understand that I can contact the Urosouth, PLLC at any time to obtain a written copy of the Notice of Privacy Practices that is in effect.

Patient Signature: _____ **Date:** _____

Patient Name: _____ **Relationship (if not patient):** _____

Office Used Only:

I have attempted to obtain the patient's signature in acknowledgement of this Notice of Privacy Practice Acknowledgment but was unable to do so as document4d below.

Reason: _____

Staff Member: _____ Date: _____