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Acknowledgment of Receipt Notice of Privacy Practices

I, _____ acknowledge and agree that I have received a copy
of Mountainview Family Practice's Notice of Privacy Practices.

Patient signature

Date

Parent/legal representative signature

Date

Print name of parent/legal representative

Date

For Mountainview Family Practice use only:

Mountainview Family Practice made the following good faith efforts to obtain the above referenced individual's written acknowledgment of receipt of the Notice of Privacy Practices: