

Acknowledgement of Receipt of Notice of Privacy Practices
(Telehealth)

Acknowledgement of Receipt of Notice of Privacy Practices

(You may refuse to sign this acknowledgement)

Individual's Name: {{patient_first_name}} {{patient_last_name}} Birthdate: {{patient_birthdate}}

By signing below, I acknowledge that I have been given the opportunity to request a copy of the Notice of Privacy Practices.

Signature of Individual:

Signature of Witness/ Provider:

Date: {{current_date}}

Notice of Privacy Practices is prominently displayed within the facility.

Medical Services provided by Primary Medical of KY, P.S.C., Elite Health Services, P.A., Co., Primary Medical of IN, P.C.
2025.06.18

X

(Awaiting Signature)

X

(Awaiting Signature)

X

(Awaiting Signature)

X

(Awaiting Signature)

X

Alex AssessmentTest
(Awaiting Signature)

X

Alex AssessmentTest
(Awaiting Signature)



Signature Certificate

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Unique Document ID: 160b12fd077783b82f1f5ed90b7b363f58876e07



Alex AssessmentTest
Party ID: 6673d599-4b58-4710-8a47-9f5cb69caf4e

Awaiting signature



Party ID: f77b9040-fd92-435e-b963-8872205d5f9e

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This audit trail report provides a detailed record of the online activity and events recorded for this contract.