

Practice: FRANKLIN UROLOGICAL ASSOCIATES, P.C.
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FRANKLIN, TN 37067
TELEPHONE: 615-790-1660; FAX 615-790-3705

Notice of Privacy Practices Receipt

I acknowledge that I was provided with the Notice of Privacy Practices of the Medical Practice named at the top of this page.

Print Name of Patient:	_____
Signature of Patient:	_____
Date:	_____
Patient's Date of Birth:	_____
Patient's ID/Chart Number:	_____

For Personal Representative of the Patient (if applicable)

Print Name of Personal Representative:	_____
Describe Personal Representative Relationship (parent, guardian, etc):	_____
Signature of Personal Representative:	_____
Date:	_____

For Practice Use Only:

Signature of Practice Employee	_____	Date	_____
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