The George Washington University Medical Faculty Associates

Acknowledgment Patient Was Provided Notice of Privacy Practices

Patient Name: _____

MRN: _____

Date: _____

I acknowledge I was given MFA's Notice of Privacy Practices today.

_____
[Patient Signature]

Witnessed by:

_____
MFA Staff Member Name:
Title:

If patient declines to sign, MFA staff member signs below to confirm that Notice was offered to patient on the date listed above and patient declined to sign acknowledgment.

_____
MFA Staff Member Name:
Title: