

HEALTHSTAR PHYSICIANS

Practice: Family Practice Center
Address: 407 4 <sup>th</sup> Street Newport, TN 37821
Privacy Official: Terri Moore
Telephone: 423-581-5925

Notice of Privacy Practice Receipt

I acknowledge that I was provided with the Notice of Privacy Practice of the Medical Practice name 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: \_\_\_\_\_