



Carolinus Medical Center
 NorthEast
 920 Church St., North - Concord, NC 28025



ACKNOWLEDGMENT FORM

We are required by law to provide you with our Notice of Privacy Practices which explains how we use and disclose your health information. We are also required to obtain your signature acknowledging that this notice has been made available to you.

I have been provided a copy of the CHS' Notice of Privacy Practice

Signature _____ Date _____

Relationship to Patient _____

Reason Patient Unable/Unwilling to sign _____

Carolinus HealthCare System
 Written Acknowledgment

File – Medical Records