5020 Ritter Road, Suite 106
Mechanicsburg, PA 17055

Duncan DN Nulph
HEARING ASSOCIATES

www.dnhearing.com
717-766-1500

HIPPA Acknowledgement of Receipt of Notice

Patient Name: ____ **DOB:** _____________________

I hereby acknowledge that I have read this medical practices notice of Privacy Practices.

Please check which one applies:

- ☐ I wish to receive a printed copy of Duncan-Nulph Hearing Associates Notice of Privacy Practices.
- ☐ I do not want a printed copy of Duncan-Nulph Hearing Associates Notice of Privacy Practices.

Patient or Representative Signature ____________________________________ **Date** ______________________

Name of Representative & Relationship to Patient (parent, guardian, POA, etc) ____

For Office Use Only:

- ☐ ***Patient / Representative refused to sign.***

Acknowledge refused by patient or representative: ____

Reason for refusal: ____

Staff Member: ____

Signature: _______________________________ Date: _______________