



Med CareEast, P.A.

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**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES AND
RELEASE OF INFORMATION**

You Reserve the Rights to Refuse To Sign This Acknowledgement

**By signing this document, I acknowledge that I have received a copy of Med
CareEast, P.A.'s Notice of Privacy Practices.**

**I also authorize Med CareEast, P.A. to use and/or disclose certain Protected Health
Information (PHI) about me to**

Please Print Name Here

Signature

Date

FOR OFFICE USE ONLY

**We attempted to obtain written acknowledgement of receipt of our Notice of
Privacy Practices, but acknowledgement could not be obtained because:**

- ☐ Individual refused to sign.
- ☐ Communication barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other. (Please Specify) _____