

# COLORECTAL SURGERY SERVICES, PLLC HEMORRHOID INSTITUTE OF SOUTH TEXAS

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## RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

I, \_\_\_\_\_ have received a copy of Colorectal Surgery  
*Patient Name*

Services Notice of Privacy Practice's.

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***Signature***

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***Date***

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Colorectal Surgery Services, PLLC was unable to obtain acknowledgement because:

- Emergency
- Patient Sedated or Non-responsive
- Patient Confused / Disoriented
- Patient Refused – Reason: \_\_\_\_\_
- Other: \_\_\_\_\_