



Joseph Selem, M.D.

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I give permission to The Selem Center to contact the names listed below in regards to my medical care.

\_\_\_\_\_  
Name Relationship Contact Number

\_\_\_\_\_  
Name Relationship Contact Number

\_\_\_\_\_  
Name Relationship Contact Number

I have received a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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