

**NOVA MEDICAL AND URGENT CARE CENTER INC**  
**Nova Medical Group/Nova Urgent Care**  
**Receipt of Notice of Privacy Practices Acknowledgement**

I, \_\_\_\_\_, acknowledge receiving on  
 (print patient name)

\_\_\_\_\_, a copy of Nova Medical and Urgent Care Center Inc.  
 (print date)

notice of privacy practices.

\_\_\_\_\_  
**Patient signature or initials**

I authorize Nova Medical and Urgent Care Center, Inc. to utilize the following email address  
 \_\_\_\_\_ for the following purposes:

(Please check all that you authorize)

- \_\_\_\_ Appointment Confirmations
- \_\_\_\_ Medication Refill Notifications
- \_\_\_\_ Test Results
- \_\_\_\_ Billing/insurance related matters
- \_\_\_\_ Notification of new or improved treatment protocols
- \_\_\_\_ Lecture and Educational Updates
- \_\_\_\_ other \_\_\_\_\_

\_\_\_\_\_  
 Patient Name

\_\_\_\_\_  
 Effective Date

\_\_\_\_\_  
 Patient Signature

\_\_\_\_\_  
 Expiration Date

**FOR OFFICE USE ONLY**

**I attempted to obtain the patient's signature in acknowledgement of this Receipt of Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:**

Date	Staff Initials	Reason
		<b>Refused to sign</b> (circle if applicable)  <b>Other:</b>