

EXHIBIT 1
Revised August 1, 2017
WRITTEN ACKNOWLEDGEMENT FORM
RECEIPT OF NOTICE OF PRIVACY PRACTICES

ADCS CLINICS, LLC

I, _____, have (1) received a copy of the Notice of the Privacy
Patient Name
Practices or (2) have been offered a copy of the Notice of the Privacy Practices but
declined to accept a copy.

Signature of Patient

Date

WRITTEN ACKNOWLEDGEMENT OF PATIENT REFUSAL TO SIGN A
RECEIPT OF NOTICE OF PRIVACY PRACTICES

On the ___ day of _____, _____, the Notice of Privacy Practices was
offered and/or given to _____.
Patient Name

_____ The Patient accepted a copy of the Notice of Privacy Practices but refused to sign
an acknowledgement that it was given to the patient.

_____ The Patient refused to accept a copy of the Notice of Privacy Practices and
refused to sign an acknowledgement that it was offered to the patient.

Signature of Employee
that offered the Patient the Notice

Date