



# ENTERPRISE FAMILY HEALTHCARE

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## Acknowledgement of Receipt of NOTICE OF PRIVACY PRACTICES

I acknowledge that I received a copy of the **NOTICE OF PRIVACY PRACTICES** of Enterprise Family Healthcare.

Please name any family member or friend that we may discuss your care with if needed:

\_\_\_\_\_  
Please list Family or Friends above

\_\_\_\_\_  
Signature of Client or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Client or Legal Representative

Relationship to Patient (if applicable)

\_\_\_ Parent or guardian of minor

\_\_\_ Court appointed Guardian

\_\_\_ Executor or administrator of  
decedent's estate

\_\_\_ Power Of Attorney

### *For Office Use Only*

This form was not signed because:

\_\_\_ Client or Representative refused to sign.

\_\_\_ Emergency Situation prevented us from obtaining acknowledgement at this time (will attempt at a later date)

\_\_\_ Communication barriers prevented acknowledgment (explain) \_\_\_\_\_

\_\_\_ Other (specify) \_\_\_\_\_