

**ACKNOWLEDGEMENT**

**RECEIPT OF NOTICE OF PRIVATE PRACTICES**

**OF**

**GENERAL AND LAPAROSCOPIC SURGICAL ASSOCIATES**

**(DRS. CHARLES A. LANE, RICHARD H. WIKIERA, D.O. AND GARY STEINMANN,PA-C)**

**BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE RECEIVED THE “NOTICE OF PRIVACY PRACTICES” FROM GENERAL AND LAPAROSCOPIC SURGICAL ASSOCIATES, P.C., AT 6810 STATE ROUTE 162, SUITE 100, MARYVILLE, ILLINOIS**

**WITNESSES:**

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Date**

- **Documentation of Failure or Refusal to Obtain Signed Acknowledgement on**  
\_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_, presented this  
(DATE) (NAME OF EMPLOYEE)  
**Acknowledgement of Receipt Notice of Privacy Practices Forms to** \_\_\_\_\_  
(PATIENT)  
\_\_\_\_\_. **The patient refused to provide a signature when explained.**  
(NAME)