



excellence in brain, spine and pain care
neurosciencegroup

Written Acknowledgement of NOPP

I, _____ acknowledge that I have been made aware of
Patient Name
and offered a copy of the written *Notice of Privacy Practices* from Neuroscience Group.

[Patient or Personal Representative Signature]

[Date]

If Personal Representative, describe relationship

- The patient's condition prohibits the individual from signing an acknowledgement at this time. It will be obtained as reasonably practicable after the patient's condition improves.
- Acknowledgment was unable to be obtained. Reason: _____

Employee Signature

Date

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