

**METROPOLITAN LITHOTRIPTOR ASSOCIATES, P.C.  
ALLIED UROLOGICAL SERVICES, LLC**

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I, (print Patient's name) \_\_\_\_\_, acknowledge and agree that I have received a copy of Allied Urological Services, LLC/Metropolitan Lithotripter Associates P.C.'s Notice of Privacy Practices.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Legal Representative (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Legal Representative

\_\_\_\_\_  
Relationship to Patient

**FOR PRACTICE USE ONLY:**

Allied Urological Services, LLC/Metropolitan Lithotripter Associates, P.C. made the following good faith efforts to obtain the above-referenced Patient's written acknowledgement of receipt of the Notice of Privacy Practices:

-  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Staff Member**

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

**[Identify the efforts that were made to obtain the individual's written acknowledgement, including the reasons (if known) why the written acknowledgement was not obtained.**

- Examples:**
- **Patient was asked to sign upon check-in but refused to do so**
  - **Because of medical condition, Patient physically unable to sign acknowledgement**
  - **etc.]**