



**The George Washington University
Medical Faculty Associates**

**Acknowledgment Patient Was Provided
Notice of Privacy Practices**

Patient Name: _____

MRN: _____

Date: _____

I acknowledge I was given MFA's Notice of Privacy Practices today.

[Patient Signature]

Witnessed by:

MFA Staff Member Name:
Title:

If patient declines to sign, MFA staff member signs below to confirm that Notice was offered to patient on the date listed above and patient declined to sign acknowledgment.

MFA Staff Member Name:
Title: