

EXHIBIT 1
Revised August 1, 2017
WRITTEN ACKNOWLEDGEMENT FORM
RECEIPT OF NOTICE OF PRIVACY PRACTICES

ADCS CLINICS, LLC

I, _____, have (1) received a copy of the Notice of the Privacy Practices or (2) have been offered a copy of the Notice of the Privacy Practices but declined to accept a copy.

Patient Name

Signature of Patient

Date

**WRITTEN ACKNOWLEDGEMENT OF PATIENT REFUSAL TO SIGN A
RECEIPT OF NOTICE OF PRIVACY PRACTICES**

On the ___ day of _____, _____, the Notice of Privacy Practices was offered and/or given to _____.

Patient Name

_____ The Patient accepted a copy of the Notice of Privacy Practices but refused to sign an acknowledgement that it was given to the patient.

_____ The Patient refused to accept a copy of the Notice of Privacy Practices and refused to sign an acknowledgement that it was offered to the patient.

Signature of Employee
that offered the Patient the Notice

Date