

Cornerstone Family Practice, PLLC

Patient Acknowledgement:

Notice of Privacy Practices & Information about Advanced Directives & Medical Home

I acknowledge that I have been provided a copy of or access to:

- **Notice of Privacy Practices**
- **Information about Advance Directives**
- **Medical home**

Patient Name: _____ Date of Birth: ___/___/___

Patient Signature: _____ Date: ___/___/___

Guardian Name: _____

Signature of Guardian: _____

The patient named above has been offered these materials. However, patient refused to sign this acknowledgement form. A good faith has been made to offer these materials and obtain a signature of receipt.

Name of Staff Member: _____ Date: _____

Signature of Staff Member: _____

****** Forms and brochures are available at www.cornerstonefp.net******