LEXINGTON MEDICAL CENTER
2720 Sunset Boulevard, West Columbia, SC 29169 • (803) 791-2000

Acknowledgement of Receipt of Notice of Privacy Practices

Name:_____

Address:_____

City:_____ State:_____ ZIP:_____

Telephone:_____ Account/Chart Number:_____

I have received a copy of the Notice of Privacy Practices.

_____ _____

Signature of Patient or Authorized Person Date

_____

Relationship to Individual