

FERNANDES BANERJEE SHENOY KIDNEY CENTER, LLC BANERJEE KIDNEY CENTER Acknowledgment of Notice of Privacy Practices

Name of Patient (Print): I, undersigned, acknowledge that I have received a copy of the Notice of Privacy Practices (the "Notice") for Fernandes Banerjee Shenoy Kidney Center, LLC.	
O	(Patient or Personal Representative)
Electronic	Notice: If you would like to receive updates or changes to the Notice electronically, please
provide yo	our personal email address:
You will a	lso be able to receive paper copies of the current Notice upon request.
	by a Personal Representative:
Print Nam	e:
Relationsl	nip to Patient:
	(Parent, guardian, etc.)
signed ackn	above, document when and how the Notice was given to the Patient or Personal Representative and why the owledgment could not be obtained. rivacy Practices given to the individual on(date) by:
	Face to face meeting
	Mailing
	Email
	Other:
	ividual or Personal Representative did not sign this form:
	Patient or Personal Representative chose not to sign
	Patient or Personal Representative did not respond after more than one attempt
	Email receipt verification
	Other:
	Efforts: The following good faith efforts were made to obtain the Patient's signature or, if applicable, the signature
	ent's Personal Representative. Please document with detail (e.g., date(s), time(s), individuals spoken to and outcome
of attempts) Representati	the efforts that were made to obtain the Patient's signature or, if applicable, the signature of such Patient's Personal
	e presentation(s):
Telephone co	ontact(s):
Mailing(s):	
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