

EASTERN CAROLINA MEDICAL CENTER  
1 MEDICAL DRIVE  
BENSON, NORTH CAROLINA 27504  
(919) 894-5787

Notice of Privacy Practices Receipt

I acknowledge that I was provided with the Notice of Privacy Practices of Eastern Carolina Medical Center.

Patient Name (please print): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

Patient's Chart Number: \_\_\_\_\_

For Personal Representative of the Patient (if applicable)

Patient Name (please print): \_\_\_\_\_

Describe Personal Representative Relationship (parent, guardian, etc.)

\_\_\_\_\_

Personal Representative Signature:

Date: \_\_\_\_\_

\_\_\_\_\_

For Employee Use Only:

Received By: \_\_\_\_\_

Date: \_\_\_\_\_