

**WRITTEN ACKNOWLEDGEMENT OF RECEIPT  
AMBULATORY EEG RECORDINGS, LLC**

I, \_\_\_\_\_ acknowledge that I have received the  
Patient Name

written Notice of Privacy Practices from Ambulatory EEG Recordings.

\_\_\_\_\_  
Patient or Personal Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
If Personal Representative, describe relationship.

\_\_\_\_\_The patient's condition prohibits the individual from signing an acknowledgement at this time. It will be obtained as reasonably practicable after the patient's condition improves.

\_\_\_\_\_Acknowledgement was unable to be obtained. Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date