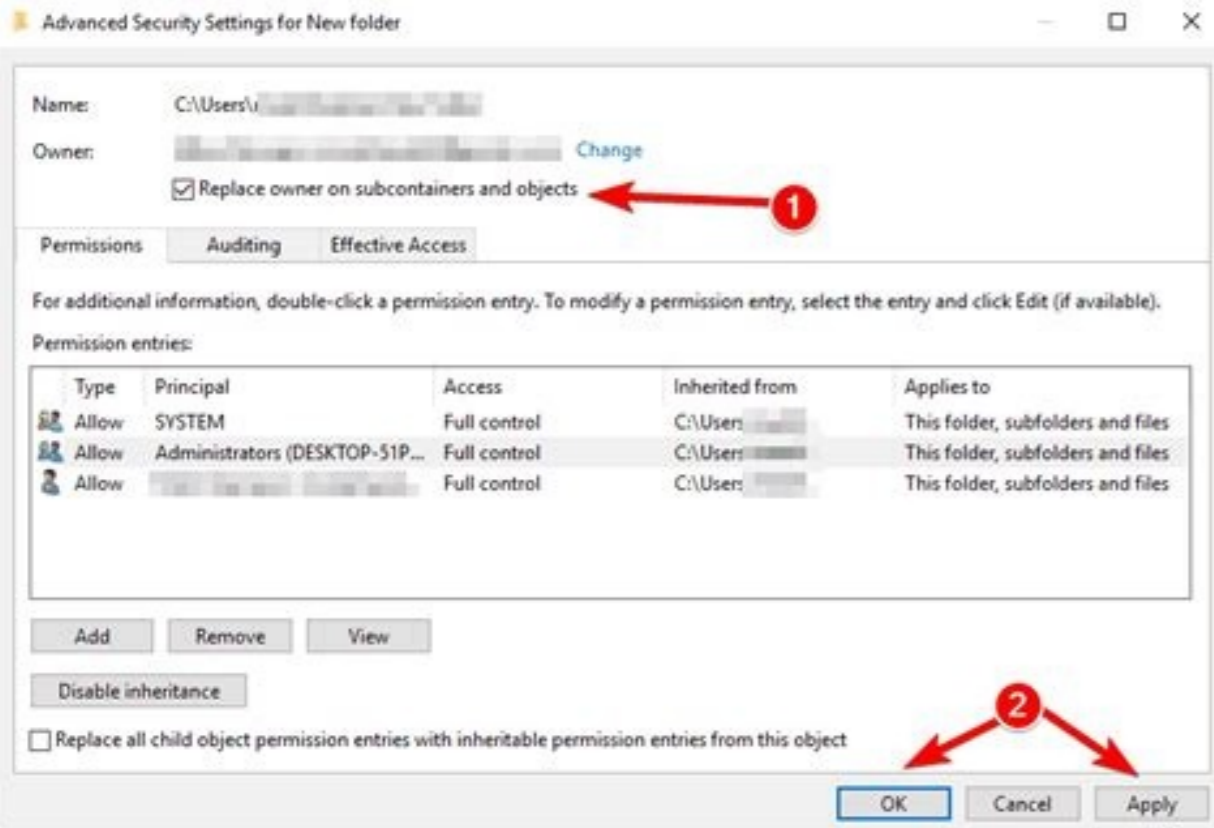


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ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

I hereby acknowledge that I received a copy of this medical facility's Notice of Privacy Practices which describes how my protected health information may be used and disclosed, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my protected health information.

Printed Name of Patient _____ DOB _____

Signature of Patient _____

Date _____

Printed Name of Personal Representative _____

Signature of Personal Representative _____

Date _____

Description of Authority of Personal Representative _____

FOR OFFICE USE ONLY:

All medical offices will make a good faith effort to obtain a written acknowledgement of receipt of the Notice provided to the individual. If the patient (or personal representative) is unwilling and unable to sign this acknowledgement, the facility must document its good faith efforts to obtain such acknowledgement and record the reason why the acknowledgement was not obtained.

To be completed by medical facility if unable to obtain written acknowledgement from the patient.

We have made every effort to obtain written acknowledgement of receipt of our Notice of Privacy Practices from this patient, but it could not be obtained because:

The patient refused to sign.
 Due to an emergency situation, it was not possible to obtain an acknowledgement.
 We were not able to communicate with the patient.
 Other (Please provide specific details) _____

Does patient have a copy of the Privacy Notice?
 Yes No

Employee Name _____ Date _____

Scan in Patient Chart
 Acknowledgement Receipt of Privacy Practices
 SA 1405 (Rev 8-18)

Notice of Right to Receive Copy of Appraisal

Borrower(s):	Date:
Current Address:	Loan Number:
Current City, State, Zip:	Lender:
Property Address:	Lender Address:
Property Address:	Lender City, State, Zip:

You have the right to a copy of the appraisal report used in connection with your application for credit, provided you have paid for the appraisal. We must have from you no later than 90 days after we notify you about the action taken on your credit application or you withdraw your application.

In your letter, please provide your name and mailing address, as well as the address of the property on which the appraisal was performed.

If you wish to receive a copy of the appraisal report, please write to us at the mailing address we have provided above.

Borrower _____ Date _____ Co-Borrower _____ Date _____

Borrower _____ Date _____ Co-Borrower _____ Date _____

Borrower _____ Date _____ Co-Borrower _____ Date _____

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