



Wabash Medical Company

7750 Zionsville Rd.
Indianapolis, IN 46278
Phone: 317-704-3300

Acknowledgement of Receipt of Notice of Privacy Practices Form

By signing below, I hereby acknowledge the receipt of Wabash Medical Company, Inc. Notice of Privacy Policies.

Name: (please print) _____

Signature: _____ Date: _____

Good Faith Effort was used to obtain acknowledgement, despite this effort

- Patient Refused
- Patient Unable due to:
(Please explain):

Staff Initials: _____ Date: _____