



Fortis Behavioral Health  
220 Wintergreen Dr., Suite B  
Lumberton, NC 28358  
910-536-1719  
910-668-8048

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I have received a copy of the Notice of Privacy Practices for the above named practice.

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

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

Name of SIGNER: \_\_\_\_\_

Relationship to patient if not signed by the patient: \_\_\_\_\_