



# CHARLESTON ONCOLOGY

COMPASSIONATE CARE FOR CANCER  
AND BLOOD DISORDERS

A Department of  
Bon Secours St. Francis Hospital 

## Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I have reviewed a copy of the Notice of Privacy Practices for the above named practice or have received a copy upon request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date