



**LEXINGTON
MEDICAL CENTER**

2720 Sunset Boulevard, West Columbia, SC 29169 • (803) 791-2000

Acknowledgement of Receipt of Notice of Privacy Practices

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Account/Chart Number: _____

I have received a copy of the Notice of Privacy Practices.

Signature of Patient or Authorized Person

Date

Relationship to Individual