



**CHARIS PHYSICIANS HOUSECALLS
 PLLC P.O. BOX 1734
 ROWLETT TX 75089
 PHONE: 469-366-9239
 FAX: 866-700-8688
 Email: office@charisphysicians.com
 Website: www.charisphysicians.com**

**DR. JOHN ROSELL MD
 ROSELINE ONWUELEZI, FNP**

Chart # _____

**ACKNOWLEDGEMENT OF RECEIPT OF
 NOTICE OF PRIVACY PRACTICES**

I hereby acknowledge receipt of the Charis Physicians Housecalls PLLC (CPH) Notice of Privacy Practices at:

Charis Physicians Housecalls PLLC
 P.O. BOX 1734, Rowlett, Tx 75089
 Phone:469-366-9239

 Patients Name (Print)

 Date of Birth

 Signature of Patient

 Date

 Signature of Patient Representative
 (State Relations to Patient)
 Or witness (if signature is by thumb print or mark)

 Date

 Signature and title of CPH Employee

 Date

For Patients Unable to Acknowledge Receipt

I hereby certify that the patient was unable to acknowledge receipt of the CPH notice of Practices because:

 Signature of CPH Staff

 Date

Submit Document Button: