

Acknowledgement of receipt of Notice of Privacy Practices

****You may refuse to sign this acknowledgment****

I _____, have received a copy of Notice of Privacy Practices.

Signature

Print Name

Date

If this acknowledgement was signed by a person representative on behalf of the patient, please complete the following:

Person Representative's Name

Person Representative's Signature

Relationship to patient

For Front Staff use only

We attempted to obtain a written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtain because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining the acknowledgement
- Other (please specify) _____