

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Notice to patient:

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the notice.

You may refuse to sign.

I acknowledge that I have received a copy of the office's Privacy Policy.

Print name _____

Signature _____

Date _____

FOR OFFICE USE ONLY

We made every effort to obtain written acknowledgement of receipt of our privacy policy from this patient, but it could not be obtained because:

☐ Patient refused to sign

☐ Due to an emergency situation it was not possible to obtain acknowledgment

☐ We weren't able to communicate with patient

☐ Other (Please provide specific details)

Employee Signature _____

Date _____