

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You may refuse to sign this acknowledgement

I, _____

have received a copy of this office's HIPAA policy.

Patient's Name

Guardian Printed Name (if applicable)

Signature

Guardian Signature (if applicable)

Date

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but the acknowledgement could not be obtained because (circle one):

- individual refused to sign
- communication barriers prohibited obtaining the acknowledgement
- an emergency situation prevented us from obtaining the acknowledgement
- other (please specify) _____