



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Patient Name and Address:

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

Signature of Patient / Guardian

Date

PATIENT PRIVACY INFORMATION

When notifying you for any reason, may we (Please check all that apply)

- _____ Leave message on home answering machine
_____ Leave message with spouse
_____ Call you on your cell
_____ Call you at your place of employment
_____ Other _____

FOR OFFICE USE ONLY

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- _____ An emergency existed and a signature was not possible at the time.
_____ The individual refuses to sign.
_____ A copy was mailed with a request for a signature by return mail.
_____ Unable to communicate with the patient for the following reason: _____

_____ Other _____

Prepared by _____ Signature _____ Date _____