

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below I acknowledge that I have reviewed/received a copy of this office's
Notice of Privacy Practices Forms

Print Patient Name

Signature

Relationship (if other than patient)

Date

Documentation of Failure to Obtain Signed Acknowledgement

On _____, _____
(date) (staff member)

Presented this Acknowledgement of Receipt of Notice of Privacy Practices Form to

_____ (patient).

The Patient refused/declined to provide a signature when requested.