

Acknowledgment of Receipt of Notice of Privacy Practices

of _____

I hereby acknowledge that I have received the Notice of Privacy Practices of the above practice.

Patient Signature

Date

Print Name

Office Use Only

Acknowledgment of Receipt of Notice of Privacy Practices was not obtained from patient (name)

_____ due to:

___ Patient refusal

___ Patient lack of understanding

___ Emergency

___ Other: specify

Patient ___ was ___ was not offered, ___ did ___ did not accept a copy of written Notice of Privacy Practices:

Staff Name: _____ Staff Signature: _____

Date: _____