

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

"You May Refuse to Sign This Acknowledgment"

I, _____ have been informed of this office's Notice of Privacy Practices.

Print Name

Signature

Date

1. _____
Name(s) of individuals to whom we may disclose your PHI

2. _____
Name(s) of individuals to whom we may disclose your PHI

3. _____
Name(s) of individuals to whom we may disclose your PHI

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
 - Communications barriers prohibited obtaining the acknowledgment
 - An emergency situation prevented us from obtaining acknowledgment
 - Other (Please Specify)
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