

Acknowledgement of Receipt of Privacy Practices Notice



SECTION A: The Patient

Name: _____

Address: _____

Telephone: _____ Email: _____

Social Security Number: _____



SECTION B: Acknowledgement of Receipt of Privacy Practice Notice

I, _____, acknowledge that I have received a Notice of Privacy Practices from the above-named practice.

Signature: _____ Date: _____

If a personal representative signs this authorization on behalf of the individual, complete the following:

Personal Representative's Name: _____

Relationship to Individual: _____

SECTION C: Good Faith Effort to Obtain Acknowledgement of Receipt

Describe your good faith effort to obtain the individual's signature on this form: _____

Describe the reason why the individual would not sign this form: _____



SIGNATURE:

I attest that the above information is correct.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Include this acknowledgement of receipt in the individual's records