



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of this office’s Notice of Privacy Practices.

Please print your name here

Signature

____/____/____
Date

FOR OFFICE USE ONLY

We have made every effort to obtain written acknowledgement of receipt of our Notice of Privacy from this patient but it could not be obtained because:

- The patient refused to sign.
- Due to an emergency situation it was not possible to obtain an acknowledgement.
- We weren’t able to communicate with the patient.
- Other _____

Employee Signature

____/____/____
Date

I wish to be contacted in the following manner (check all that apply)

- Home Phone # _____
- Cell/Other Telephone # _____
- OK to email to my email address _____
- Written Communication
- OK to leave message with detail information
- Leave message with call-back number only

Persons authorized to receive information

_____relationship_____

_____relationship_____

Printed Name

Patient Signature

____/____/____
Date