Acknowledgement of Receipt of Privacy Practices

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that I may request a copy of any amended Notice of Privacy Practices at each appointment.

Signed: _____ Date: _____

Print Name: _____

If not signed by the patient, please indicate your relationship to the patient: _____ _____

***For Office Use Only*:**
ˆ Signed form received by: _____
ˆ Acknowledgment refused:
Efforts to obtain:
_____
_____
Reasons for refusal:
_____
_____