

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Notice to Patient:

We are required to provide you with a copy of our 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 were not able to communicate with the patient.
- Other (Please provide specific details.)

Employee Signature

Date

HIPPA Acknowledgement of Receipt of the Notice of Privacy Practices
This form does not constitute legal advice and covers only federal, not state law