

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

*****YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGE*****

I have been informed of my rights regarding privacy practices. I have been told that no information can be given out about my medical history and no medical records can be given to anyone without my verbal written consent.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices but acknowledgement could not be obtained because of the following:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledge
- An emergency situation prevented us from obtaining the acknowledgement
- Other (please specify)