

Acknowledgement of Receipt of Notice of Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 requires that health care providers give patients a copy of the office Notice of Privacy Practices and make a good faith effort to obtain an acknowledgment of receipt of same. You may refuse to sign this acknowledgment form.

By signing this form I confirm that I have received a copy of the office Notice of Privacy Practices.

Print name _____

Sign name _____

Date _____

Written acknowledgment was not obtained:

- Patient refused to sign
 - Emergency situation
 - Unable to communicate with patient
 - Other _____
- _____

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