

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

Notice to Patient:

We are required to provide you with a copy of our Notice of Privacy Policies, which states how we may use and/or discuss your health information. This notice is posted in our lobby for you to read. We will gladly give you a copy to take with you, if you so request. Please sign this form to acknowledge advisement of the Notice. You may refuse to sign this acknowledgement, if you wish.

I acknowledge that I have been advised of the 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 (please provide specific details).

Employee Signature: _____ Date _____