

Acknowledgement of Receipt of Privacy Practices Notice

Section A: The Patient

Patient Name: _____
Last First MI Preferred Name

Section B: Acknowledgement of Receipt of Privacy Practices Notice

I, (List Your Full Name in Box Below), acknowledge that I have received a Notice of Privacy Practices for the above name practice.

Personal Representative's Name & Relationship if Patient is a Minor - List Below:

Please list with whom we may discuss your medical information

Name and Relationship - List Below:

Patient/Personal Representative's Signature & Date

Signature _____ Date _____

Section C: Office Use Only - Good Faith Effort to Obtain Acknowledgement of Receipt

Describe your good faith effort to obtain the individual's signature of this form and/or reason of refusal

Response Date: ____/____/____