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Acknowledgemen	it of Receipt of Privacy Practic	es nouce	
Section A: The Patient			
Patient Name:			
Last	First	MI	Preferred Name
Section B: Acknowledgement of Receipt of Privacy Pract	tices Notice		
I, (List Your Full Name in Box Below), acknowledge that I ha	ave received a Notice of Privacy Pra	ctices for the above	name practice.
	and Market Balance		
Personal Representative's Name & Relationship if Patient i	is a Minor - List Below:		
Please list with whom we may discuss your medical info	ormation		
Name and Relationship - List Below:			
Patient/Personal Representative's Signature & Date			
Signature			Date
Section C: Office Use Only - Good Faith Effort to Obtain A	cknowledgement of Receipt		
Describe your good faith effort to obtain the individual's s	ignature of this form and/or reason	of refusal	
		Respo	onse Date://