

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 acknowledgement of receipt of same. *You may refuse to sign this acknowledgement 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 acknowledgement was not obtained.

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