

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 _____