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Conner Family Health Clinic

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**Acknowledgement of Receipt  
Notification of Practice Privacy**

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Patient's Name and Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I have received a copy of the Notification of Practice Privacy for the practice named above.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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**For Office Use Only**

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**We were unable to obtain a written acknowledgement of receipt of the Notice of Practice Privacy because:**

- An emergency existed & a signature was not possible at the time.
- The individual refused to sign.
- A copy was sent by mail at the request of the patient.
- We could not communicate with the patient for the following reason:

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

Prepared by \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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