



## Acknowledgment of Receipt of Notice of Privacy Practices

Use and disclosure of protected health information is regulated by a federal law known as The Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Under HIPAA, providers of healthcare are required to give patients their Notice of Privacy Practices for Protected Health Information and make a good faith effort to obtain a written acknowledgment that this notice was received.

I, \_\_\_\_\_ (printed name of patient or personal representative),  
acknowledge that Abe Medical, PLLC has provided a written copy of its Notice of Privacy Practices for  
Protected Health Information to: \_\_\_\_\_ Myself (or personal representative)  
And \_\_\_\_\_ (name of any other person you would want your  
information released to).

\_\_\_\_\_  
Signature of Patient or Personal Representative

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed name of Patient or Personal Representative

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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To be completed by Abe Medical, PLLC

We made a good faith attempt to provide the above-named patient with a copy of our Notice of Privacy Practices for Protected Health Information, but we were not successful for the following reasons:

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