



**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES/HIPAA**

Individual copies of our Privacy Practices are available at the front desk.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I have been given the opportunity to view a copy of the Notice of Privacy Practices for the above named practice.

\_\_\_\_\_  
Patient Signature Date



**FOR OFFICE USE ONLY**

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices due to the following reason:

- The individual refused to sign
- An emergency occurred
- A copy was mailed with a request for a signature
- Unable to communicate with the patient for the following reason:

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

\_\_\_\_\_  
Signature of team member Date