



**Privacy Office  
Forms**

**NOTICE OF PRIVACY PRACTICES - ACKNOWLEDGEMENT OF  
RECEIPT**

For Staff to Complete:

Patient Name: \_\_\_\_\_ Date of Service: \_\_\_\_\_  
Patient MRN: \_\_\_\_\_ Appt. Time: \_\_\_\_\_  
Provider Name: \_\_\_\_\_ Scheduling Grp: \_\_\_\_\_  
Provider #: \_\_\_\_\_ Scheduling Dept: \_\_\_\_\_

For Patient to Complete:

**I have received a copy of the Weill Medical College of Cornell University Notice of Privacy Practices.**

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

If the patient is a minor or is unable to sign, and a parent or legal guardian or accompanying adult is signing on behalf of the patient, please complete the following information:

Sign above and print your name here: \_\_\_\_\_

Relationship to the patient: \_\_\_\_\_

For Staff to Complete:

I have given the Notice of Privacy Practices to the patient, but the patient:

- Signed
- Refused to sign
- Was unable to sign because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Name: \_\_\_\_\_ IDX User ID: \_\_\_\_\_

Please complete the appropriate fields on the IDX Registration Demographics screen and send this original form to Privacy Office, Box 303.