



Notice to Patient:

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice. You may refuse to sign this acknowledgement, if you wish.

I, _____, acknowledge that I have received a copy of this office’s Notice of Privacy Practices.

Signature of patient or parent/legal guardian/legally responsible person

Date

Description of relationship to patient

FOR OFFICE USE ONLY We have made every effort to obtain written acknowledgment of receipt of our Notice of Privacy from the patient but it could not be obtained because:

- The patient refused to sign.
- Due to an emergency situation, it was not possible to obtain an acknowledgement.
- We weren’t able to communicate with the patient.
- Other (Please provide specific details)

Employee signature

Date