

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You do not have to sign this notice

I, _____, have read a copy of Privacy Practices for this office.

Print Name: _____

Signature: _____

Date _____

(For Office Use Only)

We tried to get the patient's signature related to our Notice of Privacy Practices, but could not get it because:

Individual declined to sign.

Communication barriers were encountered. (Use the Language Line Services for Limited English Proficiency patients. You must provide a sign language interpreter for the hearing impaired.)

An emergency situation prevented us from obtaining a signature.

Other (please specify)

*This notice should be updated each year and a copy retained in the patient's medical record. *