

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES (HIPAA)**

Effective Date: October 2013

I, _____, hereby acknowledge that I have received a
(please print name)
copy of this practice's Notice of Privacy Practices. I have been given the opportunity to ask any
questions I may have regarding this Notice.

(Signature)

(Date)

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

Please Complete Reverse Side