

SECTION A: The Patient

Name: _____

Address: _____

Email Address: _____

Telephone #: _____ Social Security #: _____

SECTION B: Acknowledgement of Receipt of Privacy Practice Notice.

I, _____, acknowledge that I have received a Notice of Privacy Practice from the above-named practice.

Signature: _____ Date: _____

If a personal representative signs this authorization on behalf of the individual, complete the following:

Personal Representative's Name: _____

Relationship to Individual: _____

SECTION C: Good Faith Effort to obtain Acknowledgement of Receipt

Describe your good faith effort to obtain the individual's signature on this form _____

_____.

SIGNATURE

I attest that the above information is correct

Signature: _____ Date: _____

Print Name: _____ Title: _____

Include this acknowledgement of receipt in the individual's records

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE