



ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE

Name: _____ DOB: _____ SS#: _____

Address: _____

Telephone: _____ Cell#: _____

Emergency Contact Name: _____ Phone#: _____

Acknowledgement of Receipt of Privacy Practices Notice.

I, _____, acknowledge that I have received a notice of Privacy Practices 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: _____

Good Faith Effort to Obtain Acknowledgement of Receipt.

- Individual refused to sign
- Other _____

STAFF SIGNATURE.

Signature: _____ Date: _____

Print name: _____ Title: _____