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ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

As required by federal and state law, this practice will maintain the privacy of your health information.

A complete notice of privacy practices is displayed in the waiting room and a copy is available for you at the front desk upon your request.

Please sign below to indicate that you have been provided an opportunity to read our privacy practices.

Please Print Name

Signature

Date

For Office Use Only

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

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