Acknowledgment of Receipt of Notice of Privacy Practices

You May Refuse to Sign This Acknowledgement

I, _____, have received a copy of this office's Notice of Privacy Practices.

_____

(Please Print Name)

_____

(Signature)

_____

(Date Signed)

Authorization to Release Information to Designated Person(s)

I authorize the office to release my records and any information requested to the following individuals:

1. _____ Relation to Patient: _____
2. _____ Relation to Patient: _____

For Office Use Only

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

- [_] Individual refused to sign
- [_] Communication barriers prohibited obtaining the acknowledgment
- [_] An emergency prevented us from obtaining acknowledgment
- [_] Other (Please Specify): _____

_____

(Please Print Name)

_____

(Signature)

_____

(Date Signed)