

Acknowledgment of Receipt of Notice of Privacy Practices

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I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice is posted in the reception area, and that I will be offered a copy of any amended Notice of Privacy Practices at an appointment subsequent to such amendment.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by patient, please indicate relationship:

_____ Parent or guardian of minor patient

_____ Guardian or conservator of an incompetent patient

Name and address of patient: _____

Regarding notification and communication with family and/or significant other, I prefer you speak with:

1. Name: _____ Telephone: _____

Address: _____

2. Name: _____ Telephone: _____

Address: _____