



ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

I, _____, _____
PRINTED Patient legal name Date of Birth

have received a copy of the Notice of Privacy Practices.

Signature of Patient / Legally Responsible Party: _____

Today's Date: _____

>>> Authority of Legally Responsible Party IF NOT PATIENT:

LEGAL GUARDIAN PARENT OF MINOR CHILD POWER OF ATTORNEY

>>>Printed Legal Name of Person with above authority: _____

FOR OFFICE USE ONLY

An attempt was made to obtain a written acknowledgement of the Notice of Privacy Practices from the patient. The acknowledgement could not be obtained because:

- Patient refused to sign
- Other: (Please specify below).

