

Privacy Practices Documentation

I have received the Notice of Privacy Practices for (Name of practice) and I have been provided an opportunity to review it.

Patient Name _____
(Please Print)

Birthdate _____

Signature _____

Date _____

-----To be completed by Front Office -----

Written acknowledgement could not be documented due to:

____ Patient refused to sign

____ Personal representative not available to sign

____ Language, communication, or effects of disability impeded acknowledgement

____ Emergency care impeded acknowledgement

____ Other, please specify _____