

I hereby acknowledge that I have read and received a copy of Lotus Psychiatry, LLC HIPAA Notice of Privacy Practices.

Signature of Patient or
Legal Representative



Date

2020-12-01

Printed Name of Patient's
Representative (if applicable)

dfsdsdfsd

Relationship to Patient (if applicable):

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices on the following date,
2020-12-01 but acknowledgment could not be obtained because:

Patient/representative refused to sign

Emergency situation prevented us from
obtaining acknowledgement at this
time (will attempt again at a later date)

Reason for refusal

Communication barriers prohibited

obtaining acknowledgement (Explain):

