

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have been provided a copy of **Ognomy's** Notice of Privacy Practices available on the **Ognomy App**.

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Signature

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Patient Name or Personal Representative (please print)

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Date

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Description of Personal Representative's Authority

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For Office Use Only

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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communication barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Please Specify):

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Effective Date of Notice of Privacy Practices Provided to the Patient: 4/1/2020