



ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

We are required to make a copy of our Notice of Privacy Practices available to you. There's a PDF available on our website and hard copies in our office that you may ask for at any time that our office is open. Our privacy practices describe how we may use and/or disclose a patient's protected health information according to HIPAA (the Health Insurance Portability and Accountability Act of 1996).

I, _____ (PRINT NAME), acknowledge that I have received a Notice of Privacy Practices.

SIGNATURE OF PARENT/GUARDIAN or PATIENT IF 18+

DATE

FOR OFFICE USE ONLY

We have made every effort to obtain written acknowledgement of receipt of our privacy practices from this patient, a parent, or a guardian, but it could not be obtained because:

- The patient/guardian refused to sign.
- Due to an emergency, it was not possible.
- We weren't able to communicate with the patient/guardian.
- other _____

SIGNATURE OF AN EMPLOYEE

DATE