ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

| Notice to Patient: | |
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| We are required to provide you with a copy of our Notice of Privacy Practices, use and/or disclose your health information. Please sign this form to acknowled You may refuse to sign this acknowledgement, if you wish. | which states how we may edge receipt of the Notice. |
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| I acknowledge that I have received a copy of this office's Notice of Privacy Pra | actices. |
| | * |
| Please print your name here | |
| Please plink your name here | |
| Signature | |
| | |
| Date | |
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| FOR OFFICE USE ONLY | |
| We have made every effort to obtain written acknowledgment of receipt of our patient but it could not be obtained because: | Notice of Privacy from this |
| We have made every effort to obtain written acknowledgment of receipt of our | Notice of Privacy from this |
| We have made every effort to obtain written acknowledgment of receipt of our patient but it could not be obtained because: | |
| We have made every effort to obtain written acknowledgment of receipt of our patient but it could not be obtained because: The patient refused to sign. | |
| We have made every effort to obtain written acknowledgment of receipt of our patient but it could not be obtained because: The patient refused to sign. Due to an emergency situation it was not possible to obtain an acknowled. We weren't able to communicate with the patient. | |
| We have made every effort to obtain written acknowledgment of receipt of our patient but it could not be obtained because: The patient refused to sign. Due to an emergency situation it was not possible to obtain an acknowled. | |
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| We have made every effort to obtain written acknowledgment of receipt of our patient but it could not be obtained because: The patient refused to sign. Due to an emergency situation it was not possible to obtain an acknowled We weren't able to communicate with the patient. Other (Please provide specific details) | |
| We have made every effort to obtain written acknowledgment of receipt of our patient but it could not be obtained because: The patient refused to sign. Due to an emergency situation it was not possible to obtain an acknowled. We weren't able to communicate with the patient. | |

HIPAA Acknowledgement of Receipt of the Notice of Privacy Practices This form does not constitute legal advice and covers only federal, not state, law.