

## PRIVACY PRACTICES ACKNOWLEDGEMENT

### ACKNOWLEDGEMENT FORM

I have received the Notice of Privacy Practices, and I have been provided an opportunity to review it.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_ attempted to obtain patient's acknowledgement but was unable to do so. The reason it was not obtained was \_\_\_\_\_.

Signature \_\_\_\_\_

Date \_\_\_\_\_