

## Acknowledgement of Receipt of Notice

### PATIENT ACKNOWLEDGEMENT

By signing my name below, I acknowledge receipt of a copy of this clinic's Notice of Privacy Practices which has an effective date of July 01, 2014.

Patient Name (please print): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If signed by someone other than the patient, please indicate:

- Relationship:  Parent or guardian of minor patient  
 Guardian or conservator on an incompetent patient  
 Beneficiary of personal representative of deceased patient  
 Other (please specify)

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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  
 Other

Signature of witness: \_\_\_\_\_

Printed name of witness: \_\_\_\_\_

Date: \_\_\_\_\_