



ACKNOWLEDGMENT OF RECEIPT OF PRIVACY PRACTICES
FOR PROTECTED HEALTH INFORMATION

I acknowledge that I have received Notice of Privacy Practices effective Wednesday, September 29, 2004.

Signature of Patient

Date

Printed Name of Patient

Print Name of the Person with whom information may be shared

Relationship

Signature of Parent/Guardian of Minor Patient

Good faith effort to obtain acknowledgment of the above named patient.
The patient declined to sign the above acknowledgement after being requested to do so.

Other: _____

Staff Member Signature _____ Date: _____