

PRIVACY PRACTICES ACKNOWLEDGMENT



(Retain this page in Patient Records)
(You May Refuse to Sign This Acknowledgment)

Privacy Notice Amendment

I have had the opportunity to read the Patient Privacy Notice for this practice. I understand that I may ask for a copy to take with me at any time, and that an appointed person is available to answer any questions that I may have now, or in the future, regarding the use of my Personal Health Information.

Printed Patient Name: _____

Patient, Parent/Guardian Signature: _____

Date: _____

Practice Witness: _____

Date: _____

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy,
but acknowledgment could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the acknowledgment
- ☐ An emergency situation prevented us from obtaining acknowledgment
- ☐ Other (Please Specify) _____

