



ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

I, _____, have received a copy of this office's Notice of Privacy Practices.

Signature

Date

***You may refuse to sign this acknowledgement**

ADDITIONAL DISCLOSURE AUTHORIZATIONS

In addition to the disclosures described in the Privacy Practices, I hereby specifically authorized the disclosure of my protected health information to those listed below.

Any member of my immediate family	Yes __ No __
Spouse only	Yes __ No __
Other (please specify) _____	Yes __ No __

FOR OFFICE USE ONLY

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
- Communication barriers prohibited obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)