



**Acknowledgement of Receipt
HIPAA Notice of Patient Privacy Practices**

By signing this Written Acknowledgement of Receipt for HIPAA Notice of Patient Privacy Practices (“Acknowledgement”), I hereby expressly acknowledge my receipt of HIPAA Notice of Patient Privacy Practices.

Patient, or Legal Representative, Signature

Printed Patient, or Legal Representative, Name (or label)

Date: _____

Acknowledgment NOT obtained because:

_____ Patient, or Legal representative, declined Notice of Patient Privacy Practices;

_____ Other _____

Employee Signature

Employee Printed Name

Date: _____