

Acknowledgement of Receipt of Notice of Privacy Practices

You May Refuse to Sign This Acknowledgment

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

Print Name: _____

Signature: _____

Date: _____

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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

Contact Information for Protected Health Information

I, _____, Date of Birth _____, request that the following be followed for the disclosure of my Protected Health Information (PHI). Protected Health Information would include your name, diagnosis(es), test results, dates of service.

- Sensitive Protected Health Information (HIV-related information)
- You may disclose information to my family members or non-family members. Please list the name, phone number and relationship.

NAME	PHONE NUMBER	RELATIONSHIP

- You may leave Protected Health Information on my answering machine/voicemail. Phone number: _____
- Other: _____

Patient's Printed Name

Social Security Number

Patient's Signature (or guardian, if minor)

Date

Witness (optional)

Date