

HIPPA - ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

****You May Refuse to Sign This Acknowledgement****

I, _____, (please print your full legal name) have been shown the Privacy Policy for this office and have been offered a copy of such policy to keep for my records.

I hereby give permission for this Office to leave messages on the answering service / voicemail at:

- My Home () - My Cell () -
 My Office () - x

I hereby give the following people permission to receive information from the Office on my behalf:

Name of Person Relationship to me (e.g., spouse, parent, friend)

Name of Person Relationship to me

Name of Person Relationship to me

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

Employee Signature Date