



Acknowledgment of Receipt of Notice of Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 requires that all health Care providers give patients a copy of the Notice of Privacy Practices and make a good Faith effort to obtain an acknowledgement of receipt of same.

By signing this form I confirm that I have received a copy of the Notice of Privacy Practices.

PRINT NAME: _____

SIGN NAME: _____

DATE: _____