

Patient Acknowledgement of Receipt of Notice of Privacy Practices

Please Print

I, _____, hereby acknowledge that I have reviewed and received a copy of Dr. Luisa Rodriguez office's *Notice of Privacy Practices* explaining:

- III How this office will use and disclose my protected health information.
- II My privacy rights with regard to my protected health information.
- II This office's obligations concerning the use and disclosure of my protected health information.

I understand that the *Notice of Privacy Practices* may be revised from time to time and I am entitled to receive a copy of any revised *Notice of Privacy Practices* upon request.

Patient or Personal Representative

Signature: _____ Date: _____

Name: _____

Relationship to Patient: _____

For Office Use Only

We have made an effort to obtain an acknowledgement of _____'s receipt of our *Notice of Privacy Practices*. In spite of these efforts, our office has been unable to obtain a signed acknowledgement of receipt for the following reasons (Check all that apply):

Patient refused to sign (date of refusal) _____ / _____ / _____

Communications barriers prohibited obtaining an acknowledgement.

An emergency situation prevented us from obtaining an acknowledgement.

Other _____

Attempt was made by: _____ Date: _____ / _____ / _____