

Acknowledgement of Receipt of Privacy Practice

*** you may refuse to sign this acknowledgement***

I, _____, have received a copy of the Dennis J. Schmidt Notice of Privacy Act.

Signature: _____

Date: _____

If this acknowledgement is signed by a personal representative on behalf of the patient, complete the following:

Personal Representative Name: _____

Relationship to the Patient: _____

Date: _____

For Office Personnel 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

Communication barriers prohibited obtaining the acknowledgement

An emergency situation prevented us from obtaining acknowledgement

Other (specify) _____