

HIPPA PRIVACY
Acknowledgement Of Receipt of
Notice Of Privacy Practices

I, _____ (Print full legal name here; the Patient
or "Patients Legal Representative") have been provided with the
Notice of Privacy Policy (the Policy?) of this provider and have been
offered a copy of such policy to keep for my records.

_____ (Initial Here) I hereby acknowledge that I have been
provided with a copy of the Policy.

_____ (Initial Here) I hereby refuse to acknowledge receipt
of the Policy. I understand that even though I may refuse to sign this
acknowledgement, provider may still provide treatment to me.

signature of patient date

Refused to Sign Notice Of Privacy Practice

Reason: _____

