
Acknowledgement of Receipt of Privacy Practices Policy

I, _____, have received a copy of this practice's Privacy Practices Policy.

I would like to receive telephone communication or messages via: (check all that apply)

Home phone _____

Work phone _____

Cell phone _____

email _____

Signature

Date

FOR PRACTICE USE ONLY

Attempt was made for written acknowledgment of receipt of our notice of Privacy Practices, but the 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 _____

Practitioner

Date