



## NOTICE AND ACKNOWLEDGEMENT

I acknowledge that I have received the attached Notice of Privacy Practices

\_\_\_\_\_  
Patient or Personal Representative Signature

\_\_\_\_\_  
Date

If Personal Representative's signature appears above, describe relationship to the patient:  
\_\_\_\_\_

### OFFICE USE ONLY

ATTEMPT TO OBTAIN ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE ON \_\_\_\_\_  
date

It was not obtained because:    \_\_\_ The patient was undergoing emergency treatment  
   \_\_\_ The patient declined to sign the acknowledgement  
   \_\_\_ Other: \_\_\_\_\_

**Name of Patient::** \_\_\_\_\_

**Name of Staff Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_

NA-55    4/03



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**Name of Staff Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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