

Privacy Practices Documentation

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Patient Name _____ Birthdate _____
(Please Print)

Signature _____ Date _____

----- To Be Completed by Front Office -----

Written acknowledgement could not be documented due to:

- Patient refused to sign
- Personal representative not available to sign
- Language, communication, or effects of disability impeded acknowledgement
- Emergency care impeded acknowledgement
- Other, please specify _____

(Vers. M1SFW03)

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