

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By my signature below, I _____, acknowledge that I have received a copy of the Notice of Privacy Practices for Deborah J. Moran.

Client/Parent/Guardian

Date

Client/Parent/Guardian

Date

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

Personal representative's Name

Relationship to Client

For Office Use Only

I attempted to obtain written acknowledgement of receipt of my Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented me from obtaining acknowledgement
- Other: Please specify

This form will be retained in your medical record. This form is educational only, does not constitute legal advice, and covers only federal, not state law.

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