

HIPPA PRIVACY KNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY

I _____ (Print full legal name here; the “Patient” or “Patient’s 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, my provider may still provide services.

Signature of Patient

Date

Refused to Sign of Privacy Practices

Reason: _____

Employee Signature

Date