NOTICE OF PRIVACY PRACTICES

Patient Acknowledgement of Receipt

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(623) 935-1155

This Healthcare Practice recognizes that every patient has the Right of Privacy concerning their personal health information. We make every effort to protect and preserve patient records in a manner that secures this information.

By signing this Acknowledgement:

Your are only confirming that you have received a copy of our PRIVACY PRACTICES.

I have received a copy of this office's Notice of Privacy Practices:

Print your name here:_____

Sign your name here:_____

Fill in today's date here:_____

FOR OFFICE USE ONLY

We have attempted to obtain the patient's written Acknowledgement indication Receipt of our Privacy Practices however the patient has not signed the form for the following reason(s):

_____Individual refused to sign

_____An emergency situation prevented us from obtaining the Acknowledgment

_____Communication barriers did not allow us to obtain the Acknowledgment

_____Other _____

Staff Person's Signature as witness to patient's refusal to sign_____