



Purpose Psychiatry

Acknowledgement of Receipt for ‘HIPAA Notice of Privacy Practices’

I, _____, have received a copy of the ‘Notice of Privacy Practices’.
(Name of patient or guardian)

(Signature of patient or legal guardian) _____
(Relationship to patient) _____
(Date)

For office use only

A written signature of this form was attempted but could not be obtained because:

- Individual refused to sign
 - An emergency situation prevented obtaining this acknowledgment
 - Other: _____
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