

SOUTHERN CRESCENT ENT, P.C.
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Notice to Patient:

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice. You may refuse to sign this acknowledgement, if you wish.

I acknowledge that I have received a copy of the office's Notice of Privacy Practices or have been given an opportunity to read it.

Please print the patient's name here

Signature – if you are signing for a minor, please sign your name

Date: _____

--FOR OFFICE USE ONLY --

We have made every effort to obtain written acknowledgement of receipt of our Notice of Privacy from this patient but it could not be obtained because:

1. The patient refused to sign.
2. Due to an emergency situation it was not possible to obtain an acknowledgement.
3. We weren't able to communicate with the patient.
4. Other(please provide specific details): _____

Employee signature

Date

HIPAA Acknowledgement of Receipt of the Notice of Privacy Practices
This form does not constitute legal advice and covers only federal, not state, law.