

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Purpose: This form is used to obtain acknowledgment of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain the acknowledgment.

**\*\* You may refuse to sign this acknowledgement \*\***

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
(Please print name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Patient Signature or Parent's if patient is a minor)

## AUTHORIZATION TO RELEASE INFORMATION

Purpose: This form is used to obtain authorization to release information regarding yourself covered under the Privacy Act to people other than yourself.

I, \_\_\_\_\_, authorize the following person(s) to have access to information covered under the Privacy Practice regarding myself:

\_\_\_\_\_  
(Please print name)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Please print name)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Please print name)

\_\_\_\_\_  
(Relationship)

## For Office Use Only

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

\_\_\_\_\_ Individual refused to sign

\_\_\_\_\_ Communication barriers prohibited obtaining the acknowledgement

\_\_\_\_\_ An emergency situation prevented us from obtaining acknowledgement

\_\_\_\_\_ Other (please specify): \_\_\_\_\_