

FORM 2

SAMPLE ACKNOWLEDGMENT FORM

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have received a copy of this office's Notice of Privacy Practices Form.

WITNESSES:

_____ Patient Signature _____

_____ Date _____

DOCUMENTATION OF FAILURE TO OBTAIN SIGNED ACKNOWLEDGMENT

On _____, _____ presented this Acknowledgment of Receipt of Notice of Privacy Practices Form to _____ (the "Patient").
The Patient refused to provide a signature when requested.