[Company Name]

Notice of Privacy Practices Acknowledgement

INSTRUCTIONS FOR PATIENTS

Please print your name below, sign and date to indicate receipt of our Notice of Privacy Practices. Your signature helps us comply with the federal HIPAA Privacy Rule, effective April 14, 2003, and only indicates that we have made it available to you. If you have any questions regarding our Notice, please see our Privacy Officer.

Patient Name (Print)	Patient Signature	Date	Office Use Only

INSTRUCTIONS FOR OFFICE STAFF:

Use this form to obtain written acknowledgement from your patients that you have made your Notice of Privacy Practices available to them. If it is not possible to obtain written acknowledgement, initial and date in the 'Office Use Only' column.

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