

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES AND NON-DISCRIMINATION NOTICE

Patient Name: _____

* You May Refuse to Sign This Acknowledgement*

I, _____, have been offered a copy of this office's Notice of Privacy Practices and Non-Discrimination Notice.

Please Print Name

Relationship to Patient

Signature

Date

For Office Use Only

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

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)

RECONOCIMIENTO DEL RECIBO DE AVISO DE PRACTICAS DE PRIVACIDAD

Nombre del Paciente: _____

* Usted puede rehusar a firmar este reconocimiento*

A mi, _____, se me ha ofrecido una copia del Aviso de prácticas de privacidad de esta oficina.

Nombre en letra de molde

Relacion con el paciente

Firma

Fecha

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