

Dr David Platt

ACKNOWLEDGMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

*** You may refuse to sign this acknowledgment***

I, _____ have read and understand this office's Notice of Privacy Practice.
I have been informed of the HIPAA laws and have been given the opportunity to receive a copy.

Please print name

Signature

Date

I understand that if I am of legal age my personal information may only be given to another specified person with my consent. Please only give my information to the following people:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

For office use only

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

Individual refused to sign

Communication barriers prohibited obtaining the acknowledgment

An emergency situation prevented us from obtaining acknowledgment

Other(Please specify) _____