

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

As required by the Privacy Regulations, I hereby acknowledge that I have received a current copy of this practice's "NOTICE OF PRIVACY PRACTICES", revision date APR. 14 2003.

As required by the Privacy Regulations (name of staff member).
From this Practice has explained the "NOTICE OF PRIVACY PRACTICES" to my understanding.

As required by the Privacy Regulations, I am aware that this practice has included a provision that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains.

Requests:

I wish to file a "Request for Restriction" of my Protected Health Information.

I wish to file a "Request for Alternative Communications" of my Protected Health Information.

I wish to object to the following in the "Notice of Privacy Practice".

I understand that this office may change their Notice of Privacy Practices and is not required to honor the terms of the original/ previous version(s).

(Signature) X _____

(Print) X _____

Date: _____

(Office Use Only):

Signed by: _____ Date: _____

Good faith effort to obtain receipt:

(Describe) _____
