HIPAA PRIVACY FORM 2

Acknowledgement of Receipt of Notice of Privacy Practices

Purpose: This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

Privacy Practices. {Please Print Name} {Signature} For Office Use Only We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, 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)	l,	, have received a copy of this office's Notice of
{Signature} {Date} For Office Use Only We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, 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	Privacy Prac	tices.
For Office Use Only We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, 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	{Plea	se Print Name}
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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, 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	{Date	p}
acknowledgement could not be obtained because: ☐ Individual refused to sign ☐ Communications barriers prohibited obtaining the acknowledgement ☐ An emergency situation prevented us from obtaining acknowledgement		For Office Use Only
 □ Communications barriers prohibited obtaining the acknowledgement □ An emergency situation prevented us from obtaining acknowledgement 		
☐ An emergency situation prevented us from obtaining acknowledgement		Individual refused to sign
		Communications barriers prohibited obtaining the acknowledgement
□ Other (Please Specify)		An emergency situation prevented us from obtaining acknowledgement
		Other (Please Specify)

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