

ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that:

I was able to review the Medical Practice's Notice of Privacy Practices at the place where I went for health care services.

The Notice of Privacy Practices was posted in a clear and prominent location where I was able to read the Notice of Privacy Practices.

I know that I can ask for a copy of the Notice of Privacy Practices to take with me.

I was able to view the Notice of Privacy Practices on the first day I received health care services after April 14, 2003.

If I came in for health care services in an emergency treatment situation, I was able to view the Notice as soon as reasonably practical after the emergency treatment situation ended.

Patient or Patient Representative Signature

Date

TO BE COMPLETED BY THE MEDICAL PRACTICE

If an acknowledgment was not obtained, the Medical Practice must document, in the space provided below, its good faith efforts to obtain the acknowledgment and the reason why the acknowledgment was not obtained.

Signature of Medical Practice Representative

Date