



**Notice of Privacy Practices**

Our office is dedicated to maintaining the privacy and security of your “protected health information” or PHI. Notification of our privacy practices are posted on our website, in our lobby and copies are available for our patients.

I, \_\_\_\_\_ have received a copy of the Notice of Privacy Practices or have been offered a copy of the Notice of Privacy Practices but declined to accept the copy.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**Office Use Only**

On \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_, the Notice of Privacy Practices was;

\_\_\_\_\_ Offered and or given to \_\_\_\_\_

\_\_\_\_\_ The patient accepted a copy of the Notice of Privacy Practices but refused to sign the acknowledgement form.

\_\_\_\_\_ The patient refused to accept a copy of the Notice of Privacy Practices and refused to sign the acknowledgement form.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date