



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 _____

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