



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

**** You may refuse to sign this acknowledgment****

I _____ have received a copy of this office's Notice of Privacy Practices.

Print name: _____

Sign: _____

Date: _____

AUTHROIZATION TO RELEASE INFORMATION

Purpose: This form is used to obtain authorization to release information regarding your coverage under the Privacy Act to people other than yourself, I _____

Authorize the following person (s) to have access to information covered under the Privacy Practice regarding myself.

{Please Print Name} Relationship

{Please Print Name} Relationship

{Please Print Name} Relationship

Office use only:

- Pt refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented obtaining the acknowledgement