



Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, have received a copy of this office's notice of privacy practices.

Printed Name

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
- ☐ Communication barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other: _____

Authorization to Share Health Information

I authorize the sharing of protected health information for:

With the following individuals: *Example: grandparent, babysitter, etc.*

Name:

Phone:

Please note, health information of a minor may be shared with either parent without permission.