

# ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

I have reviewed the posted Notice of Privacy Practices and / or received and reviewed and / or was offered and declined a copy of this office's notice of privacy practices.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# AUTHORIZATION TO RELEASE INFORMATION

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Purpose: This form is used to obtain authorization to release information regarding you covered under the Privacy Act to people other than yourself.

I authorize the following person(s) to have access to information covered under the Privacy Practices regarding myself.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Please Print Relationship

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Please Print Relationship

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Please Print Relationship

## 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:

- Patient, Parent and / legal guardian refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other \_\_\_\_\_