

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

I, _____, have received a copy of Dr. Jill Rosenberg's Notice of Privacy Practices.

Patient name: _____

Signature: _____ Date: _____

It is your right to refuse to sign this document.

For Office Use Only:

The reason that a standard acknowledgment (such as the above) of the receipt of the Notice of Privacy Policies was not obtained:

_____ Patient refused to sign

_____ Communication barriers prohibited obtaining the acknowledgment

_____ An emergency situation prevented this office from obtaining it

_____ Other: _____