

# 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.

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This Form is educational only, does not constitute legal advice, and covers only federal, not state, law (August 14, 2002).

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Erika V. Burley, D.M.D., P.A.

4401 Colwick Road – Suite 101, Charlotte, North Carolina 28211

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**\*\*You May Refuse to Sign This Acknowledgement\*\***

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

**NAME OF PATIENT:** \_\_\_\_\_

Print Your Name: \_\_\_\_\_

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

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

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### For Office Use Only

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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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

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C: Acknowledgement of Receipt of Notice of Privacy Practices.HIPAA2 -- Revised 8/5/2003  
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