

# ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Name of Patient: \_\_\_\_\_

I, (please print) \_\_\_\_\_ have received a copy of this office's  
Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Parent/Guardian/Patient (if of legal age)

\_\_\_\_\_  
Date

(Please sign EITHER the "Consent" OR the "Denial" below.)

## CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

I have had full opportunity to read and consider the contents of your Notice of Privacy Practices. I understand that, by signing this consent form, I am giving my consent to your use and disclosure of the protected health information of the above-named patient to carry out treatment, payment activities, and healthcare operations.

\_\_\_\_\_  
Signature of Parent/ Guardian/Patient (if of legal age)

\_\_\_\_\_  
Date

## DENIAL OF CONSENT

I deny consent for your use and disclosure of the protected health information for treatment, payment activities, and healthcare operation for the above-named patient. I understand that denial of my consent will not affect any action you took in reliance on my consent before you received this written Notice of Denial. I also understand that you may decline treatment or may not continue to treat the above-named patient.

\_\_\_\_\_  
Signature of Parent/Guardian/Patient (if of legal age)

\_\_\_\_\_  
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
- \_\_\_ Communications barriers prohibited obtaining the acknowledgement
- \_\_\_ An emergency situation prevented us from obtaining acknowledgement
- \_\_\_ Other (specify)