ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY ACT

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.

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

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

_____
(Please Print Name)

_____
(Signature)

_____
(Date)

Authorization to Release Information

Purpose: This form is used to obtain authorization to release information regarding yourself 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 Practice** regarding myself.

_____ (Please Print Name)	_____ Relationship
_____ (Please Print Name)	_____ Relationship
_____ (Please Print Name)	_____ Relationship

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment 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)

_____

_____

Medications:

☐ **Y**
☐ **N** Is there any disease, condition, or problem that you think this office should know about that is not covered above?

Notes:

Signature:_____ Date:_____

(If Under 18, Parent or Guardian Signature Required)