

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE**

As required by the Privacy Regulations, I hereby acknowledge that I have received a current copy of this practice's "NOTICE OF PRIVACY PRACTICES", revision date 02/21/2005.

As required by the Privacy Regulations, Karen from this practice has explained the "NOTICE OF PRIVACY PRACTICES" to my satisfaction.

As required by the Privacy Regulations, I am aware that this practice has included a provision that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains.

**Requests:**

\_\_\_\_\_ I wish to file a "Request for Restriction" of my Protected Health Information.

\_\_\_\_\_ I wish to file a "Request for Alternative Communications" of my Protected Health Information.

\_\_\_\_\_ I wish to object to the following in the "Notice of Privacy Practices":

\_\_\_\_\_  
\_\_\_\_\_

**I understand that this office is not required to honor any changes to the "Notice of Privacy Practices".**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

***(OFFICE USE ONLY)***

Signed form received by: \_\_\_\_\_ Date: \_\_\_\_\_

Good faith effort to obtain receipt: (Describe) \_\_\_\_\_

\_\_\_\_\_