
(Conner Family Health Clinic)

**Acknowledgement of Receipt
Notification of Practice Privacy**

Patient's Name and Address: _____

I have received a copy of the Notification of Practice Privacy for the practice named above.

Signature

Date

For Office Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- An emergency existed & a signature was not possible at the time.
- The individual refused to sign.
- I copy was sent by mail at the request of the patient.
- We could not communicate with the patient for the following reason:

Other: _____

Prepared by _____

Signature _____

Date _____
