



Acknowledgment of Receipt of Notice of Privacy Practices

I acknowledge that I have received a copy of a separate document, entitled, "Notice of Privacy Practices" which sets forth Privium privacy practices and my rights regarding privacy of my protected health information.

PATIENT SIGNATURE (or Representative)

DATE

FOR OFFICE USE ONLY

We have made every possible effort to obtain written acknowledgement of receipt of our notice of privacy practices from this patient but it could not be obtained because:

- The patient refused to sign
- Due to an emergency situation, it was not possible to obtain an acknowledgement
- We were unable to communicate with the patient
- Other (please provide specific details)

Employee Signature

Date