

Chart #



## HIPAA -Acknowledgement of Receipt Of Notice of Privacy Practices

Federal regulations developed under the Health Insurance Portability and Accountability Act (HIPAA) requires that we provide you with a notice regarding Privacy of Personal Health Information. The "Notice" explains how your information may be used and disclosed as permitted under federal and state law.

Please sign below acknowledging that you have been presented with a copy of NorthEast Ear, Nose & Throat Center's "Notice of Privacy Practices".

**Patient Name** \_\_\_\_\_

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

If not signed by patient, indicate relationship to patient: \_\_\_\_\_

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### For Office Use Only

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We were unable to obtain a written acknowledgment 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.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with the patient.
- Other: \_\_\_\_\_

Employee: \_\_\_\_\_ Date \_\_\_\_\_