



Reconocimiento de Recibo de la Notificación de Prácticas de Privacidad

Nombre del Paciente y Dirección: _____

Yo he recibido una copia del Reconocimiento de Prácticas de Privacidad de la practica participante mencionada arriba.

Firma

Fecha

Para Uso de Oficina Solamente

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.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with the patient for the following reason: _____

Other: _____

Prepared By _____

Signature _____

Date _____