

Hanover Family Practice Associates

Acknowledgement of Receipt of Notice of Privacy Practices

(You May Refuse to Sign This Acknowledgement)

I, _____, have received a copy of this office's Notice of Privacy Practices.

Patient's Name (Print Name)

Signature

Date

Please list the name, relationship to the patient, and phone number of any person to whom we may release medical information.

<u>Contact:</u>	<u>Relationship:</u>	<u>Phone:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

May we leave messages and/or test results on your answering machine? YES _____ NO _____

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign.
- Communication barriers prohibited obtaining the acknowledgement.
- An emergency situation prevented us from obtaining acknowledgement.
- Other (Please Specify)

Effective 11/01/2006
Revised 06/21/2012
Revised 03/22/2017
Revised 05/04/2023