

**Acknowledgment of Receipt of Notice of Privacy Practices**

(File in patient's medical record)

I have been presented with a copy of the Notice of Privacy Practices, detailing how my (child's) health information may be used and disclosed as permitted under federal and state law, and outlining my rights regarding my (child's) health information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Relationship (if not signed by patient): \_\_\_\_\_

**Internal Use Only:**

If the patient/patient's representative refuses to sign acknowledgement, please document date and time notice was presented to patient and sign below.

Presented on (date & time): \_\_\_\_\_

By (name and title): \_\_\_\_\_