

Name:
DOB:
Chart:
Age/Sex:
Appt Date:

RECEIPT OF NOTICE OF PRIVACY PRACTICE WRITTEN ACKNOWLEDGEMENT FORM

- I have received a copy of Advanced Joint Replacement Center's Notice of Privacy Practices.
- I have been offered but refused a copy of Advanced Joint Replacement Center's Notice of Privacy Practices.

Signature of patient or legal guardian: _____

Printed name of patient or legal guardian: _____

Date: _____

FOR INTERNAL PURPOSES ONLY:

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 prevents us from obtaining acknowledgement
- Other (please specify). _____

Please turn over...->