



Acknowledgment of Notice of Privacy, Financial Practices & PHI Release

I, _____ have been informed of this office's Notice of Privacy & Financial Practices.

Signature _____ Date _____

Please list below individuals that we may disclose Personal Health Information & Financial Information

- 1. _____
Name of individual to whom we may disclose your PHI

- 2. _____
Name of individual to whom we may disclose your PHI

- 3. _____
Name of individual to whom we may disclose your PHI

Signature _____ Date _____

OFFICE USE ONLY

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

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgment
- An emergency prevented us from obtaining acknowledgment
- Other (Please Specify)

