



Acknowledgement of Receipt of “Patient Notice of Privacy Rights”

As our patient, under HIPAA, the new federal privacy act, you have specific privacy rights. We are required by law to attempt to obtain acknowledgement of receipt of “Patient Notice of Privacy Rights”.

We are required to have a notice available for our patients detailing how medical information about you may be used and disclosed and how you can get access to this information. You have a right to review our notice before signing this acknowledgement. A copy of our “Patient Notice of Privacy Rights” is posted in our waiting room and is made available from the receptionist to each patient. The terms of our notice may change. Any change in our notice will be posted in our waiting room.

A summary of your rights includes your right to:

- a. Restrict the use and disclosure of health care information (but your doctor is not required to grant this type of request)
- b. Receive confidential communications in an alternate form or location
- c. Inspect, copy and amend protected health information (you may be billed for the cost of copying)
- d. Know about any unauthorized disclosure of protected health information
- e. Have a copy of our patient privacy notice

I acknowledge the receipt of a copy of the “Notice of Privacy Practices” from **Lake Acworth Family Practice (LAFPPRA)**.

Date	Patient Printed Name	Patient Signature
Patient Representative Signature (Required if adult is unable to sign)		Relationship to Patient

LOC STAFF ONLY

Documentation of Attempt to Obtain Acknowledgement of Receipt of Notice of Privacy Practices

This notice and acknowledgement was mailed to the patient’s home on ____/____/____

The acknowledgement was not obtained because:

- The patient refused to sign the acknowledgement
- The patient was undergoing emergency treatment
- Other: _____

Signature of Staff Member	Date
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