

Fayette Area Dermatology

**Acknowledgement of Receipt
Of Notice of Privacy Practices**

Patient Name: _____

I have had an opportunity to review the Notice of Privacy Practices for the above named practice, and understand that I may have a copy to take with me if I choose.

Signature

Date

For Office Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- An emergency existed & a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with the patient for the following reason:

Other: _____

Prepared By _____

Signature _____

Date _____
