

The Urology Clinic

Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name: _____

Patient Date of Birth: _____

I have received a copy of the Notice of Privacy Practices for the above named practice.

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: _____

Office Personnel Signature: _____ Date: _____