

DFW FOOT AND ANKLE, P.A.

ACKNOWLEDGEMENT OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES

Purpose: This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS:

1. I, _____, have **received a copy** of this office's Notice
(PATIENT NAME)

of Privacy Practices.

Signature

Patient and/or Legal Guardian

Date

OR

2. I, _____, have **read the Notice of Privacy Practices**
(PATIENT NAME)

and **do not wish to have a copy** of the Notice.

Signature

Patient and/or Legal Guardian

Date

YOU DO HAVE THE RIGHT TO REFUSE THE SIGNING OF THIS DOCUMENT.

For Office Use 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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)