

# Patient Acknowledgement – Receipt of Privacy Notice



Form #002  
January 2014

I, \_\_\_\_\_  
hereby affirm that I have received a copy of the Notice of Privacy Practices from CareATC. Under federal law 104-191, also known as HIPAA, I am entitled to receive a copy of this Notice from my healthcare provider.

I understand that my signature on this Acknowledgement only signifies that I have received a copy of the Notice, and does not legally bind or obligate me in any way.

I understand that I am entitled to receive a copy of the Notice of Privacy Practices from my healthcare provider, whether I sign this Acknowledgement or not.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Name of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Personal Representative's Authority

## FOR OFFICE USE ONLY

Received By:	
Date Received:	Time Received:
Patient Declined: <input type="checkbox"/>	
Staff Signature:	