

**Dr. Theodore Haines
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Acknowledgement of Receipt of Notice of Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 requires that health care providers give patients a copy of the office Notice of Privacy Practices and make a good faith effort to obtain an acknowledgement of receipt of same. *You may refuse to sign this acknowledgement form.*

By signing this form, I confirm that I have received a copy of the office Notice of Privacy Practices.

Print name _____

Sign name _____

Date _____

Written acknowledgement was not obtained.

- 0 Patient refused to sign
- 0 Emergency situation
- 0 Unable to communicate with patient
- 0 Other _____
