

Ideal Family Healthcare, P.C.



Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I have received a copy of Ideal Family Healthcare's Notice of Privacy Practices.

I understand that I have the right to refuse to sign this acknowledgement if I so choose.

Patient Name: _____

Patient DOB: ____/____/____

Signature of Patient or Legal Representative

Date

Print Name of Parent or Legal Representative

Legal Representative's relationship to Patient

- Parent or Guardian of un-emancipated minor
- Court appointed guardian
- Executor or administrator of decedent's estate
- Power of Attorney

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices on the following date (____/____/____) but acknowledgement could not be obtained because:

- Patient/Representative refused to sign.
- Emergency Situation prevented us from obtaining acknowledgement at this time (will attempt again at a later date)
- Communication barriers prohibited obtaining acknowledgement (Explain below).
- Other (specify below).