

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY RIGHTS

Name of client: _____

I hereby acknowledge that I have read and received a copy of the provider's Notice of Privacy Rights.

Signature of Patient or Legal Representative

Date

Printed Name of Legal Representative

Relationship to Patient

For Provider Use Only

.....
The Notice of Privacy Rights was presented to the client or legal guardian today, but the client or legal guardian did not sign this acknowledgement because:

_____ The client refused to sign

_____ The legal guardian refused to sign

_____ The client was incapable of signing

_____ Other _____

Signature of Provider

Date