

## Form PF-2000

# Acknowledgement of Receipt of Notice of Privacy Practices

*The Practice reserves the right to modify the privacy practices outlined in this notice.*

I have received a copy of the Notice of Privacy Practices which is also posted in the reception area of this office. I may receive a copy of an amended notice upon request at subsequent visits. This notice can also be found and downloaded from [www.prohealthpartners.com](http://www.prohealthpartners.com)

\_\_\_\_\_  
Name of patient (Print or Type)

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient Representative  
(Required if patient is a minor or an adult who is unable to sign this form)

\_\_\_\_\_  
Relationship of Representative

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## Documentation of Attempt to Obtain Acknowledgement of Receipt of Privacy Practices

An attempt was made to obtain an acknowledgement of the Notice of Privacy Practices on

\_\_\_\_\_. The acknowledgement was not obtained because:

Date

- The patient was undergoing emergency treatment
- The patient declined to sign the acknowledgement
- Other \_\_\_\_\_

Signature: \_\_\_\_\_

Name of the patient: \_\_\_\_\_

Name of Staff Member: \_\_\_\_\_

Date: \_\_\_\_\_