



Patient Name: \_\_\_\_\_  
 Chart #: \_\_\_\_\_

## RECEIPT OF NOTICE OF PRIVACY PRACTICES

### WRITTEN ACKNOWLEDGEMENT FORM

I, \_\_\_\_\_, have received a copy of Southern Regional Area  
PRINT PATIENT NAME

Health Education Center's Notice of Privacy Practices.

\_\_\_\_\_  
 Signature of Patient or Legal Representative

\_\_\_\_\_  
 Date

Federal HIPAA Regulations require we receive written acknowledgement that you have received a copy of the SR-AHEC Notice of Privacy Practices. If we do not have written acknowledgement from the patient indication receipt of the Notice of Privacy Practices, then we must document our efforts to obtain the written acknowledgement and the reason why the written acknowledgement was not obtained.

PRINTED NAME OF SR-AHEC EMPLOYEE DOCUMENTING SR-AHEC'S EFFORTS TO OBTAIN WRITTEN ACKNOWLEDGEMENT FROM PATIENT:

\_\_\_\_\_  
 EMPLOYEE'S NAME

\_\_\_\_\_  
 Date

REASON WHY WRITTEN ACKNOWLEDGEMENT WAS NOT OBTAINED:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_