

## Acknowledgement of Receipt of Notice of Privacy Practices

Purpose: This form is used to obtain acknowledgement of receipt of our notice of privacy practices or to document our good faith effort to obtain that acknowledgement.

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**Elite Podiatry, PLLC**  
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### **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

\_\_\_\_ I have received a copy of this office's Notice of Privacy Practices.

\_\_\_\_ I have received a copy of this office's Notice of Privacy Practices, but I elect not to Sign this receipt. (print name)

Please Print Name: \_\_\_\_\_

Please Sign Name: \_\_\_\_\_

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

**\*\*You may refuse to sign this acknowledgement\*\***

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For Office Use Only

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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

\_\_\_\_ Individual refused to sign

\_\_\_\_ Communications barrier prohibited obtaining the acknowledgement

\_\_\_\_ An emergency situation prevented us from obtaining acknowledgement

\_\_\_\_ Other (please specify) \_\_\_\_\_