

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.

Elite Podiatry, PLLC
Gregory T. Loo, DPM ** John McGhan, DPM
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****

For Office Use Only

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) _____