

Himanshu P. Parikh, M.D.

Acknowledgement of Receipt of Notice of Privacy Practices (HIPAA)

Patient Name _____

Address _____

I have received a copy of the Notice of Privacy Practices.

Signature _____ Date _____

For Office Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

An emergency existed and a signature was not possible at the time.

The individual refused to sign.

A copy was mailed with a request for a signature by return mail.

Unable to communicate with the patient for the following reason: _____

Other _____

Prepared by _____

Signature _____

Date _____