

# HIPAA

## PATIENT ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, \_\_\_\_\_, have viewed and been offered a copy of the Notice of Privacy Practices from All About Aesthetics, Pc, Office of Deborah Kessler Hudak, MD.

*Reference for complete Notice of Privacy Practices and Updates to this policy, effective January 2013 may be found at:  
<http://www.gpo.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf>*

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Signature & Relationship to Patient

\_\_\_\_\_  
Date

For Office Use Only:

We have made a good faith effort in attempting to obtain written acknowledgement of receipt of the Notice of Privacy Practices. Acknowledgement could not be obtained for the following reason(s):

- Patient/Individual refused to sign (Date of refusal) \_\_\_\_\_
- Communications barriers prohibited obtaining an acknowledgement
- An emergency situation prevented us from obtaining an acknowledgement
- Other

\_\_\_\_\_  
Attempt was made by: \_\_\_\_\_ date: \_\_\_\_\_