



1623 NE Broadway · Portland, OR 97232
Phone: (503) 286-4400
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Acknowledgment of Receipt of Notice of Privacy Practices

Notice to Patient:

We are required to make available to you a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge that a copy of the Notice has been made available to you. You may refuse to sign this acknowledgement, if you wish.

I acknowledge that a copy of this office’s Notice of Privacy Practices has been made available to me.

Print Name

Signature

Date

FOR OFFICE USE ONLY

We have made every effort to obtain written acknowledgment of receipt of our Notice of Privacy Practices from this patient but it could not be obtained because:

- _____ The patient refused to sign.
- _____ Due to an emergency situation, it was not possible to obtain an acknowledgement.
- _____ We weren’t able to communicate with the patient.
- _____ Other (Please provide specific details)

Employee signature Date