

# ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE

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415-388-5151**

## Section A: The Patient

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Chart #: \_\_\_\_\_ Social Security # \_\_\_\_\_

## Section B: Acknowledgement of Receipt of Privacy Practices Notice

I, \_\_\_\_\_, acknowledge that I have received a Notice of Privacy Practice from the above named practice.

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

If a personal representative signs this authorization on behalf of the individual, complete the following:

Personal Representative's Name: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

## Section C: Good Faith Effort to Obtain Acknowledge of Receipt

Describe your good faith effort to obtain the individual's signature on the form

\_\_\_\_\_  
\_\_\_\_\_

Describe the reason why the individual would not sign this form:

\_\_\_\_\_  
\_\_\_\_\_

## Section D: Signature

I attest that the above information is correct.

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

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

*(Include this acknowledgement of receipt in the individual's records)*