[Insert Name of Practice]  SECTION A: The Patient.	
Name:	
Address:	
Telephone:	E-mail:
Patient Number:	Social Security Number:
SECTION B: Acknowledgement of Receipt of Privacy Pra	ctices Notice.
I, Privacy Practices from the above-named practice.	, acknowledge that I have received a Notice of
Signature:	
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 Acknowledgeme	ent of Receipt.
Describe your good faith effort to obtain the individual's signa	ture on this form:
Describe the reason why the individual would not sign this for	rm:
SIGNATURE.  I attest that the above information is correct.	
Signature:	Date:
Print name: Include this acknowledgement of receipt in the individual's records.	Title:

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE Of Michael Best & Friedrich, LLC