

Acknowledgement of Receipt
of
Notice of Privacy Practices

I, _____ have received a copy
(Name of Patient)

of Dr. Gary B. Southerland's. Notice of Privacy Practices.

(Signature of Patient) (Date)

List other family members under the age of 18:

Staff Will Fill Out This Section If Patient's Signature Not Obtained

Our office made a good faith effort to obtain **Acknowledgement of Receipt** of our Notice of Privacy Practices, but it could not be obtained for the following reason:

- _____ Patient refused to sign.
- _____ Emergency situation kept us from obtaining the patient's signature.
- _____ Language barriers kept us from obtaining the patient's signature.
- _____ Other _____