



# My Country Doctor

## Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby acknowledge that I have received a copy of My Country Doc's Notice of Privacy Practices. I understand that I have the right to refuse to sign this acknowledgement if I so choose.

<b>Signature of Patient or Legal Representative</b>	<b>Date</b>
<b>Printed Name of Patient's Representative (if applicable)</b>	<b>Relationship to Patient (if applicable)</b> Parent or guardian of unemancipated minor Court appointed guardian Executor or administrator of decedent's estate <input type="checkbox"/> Power of Attorney

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FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices on the following date, \_\_\_\_\_ but acknowledgment could not be obtained because:

- Patient/representative refused to sign
- Emergency situation prevented us from obtaining acknowledgement at this time (will attempt again at a later date)
- Communication barriers prohibited obtaining acknowledgement (Explain)

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- Other (Specify)

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