



1002 Park Ave N, Suite H • Renton, WA 98057 • Phone: (425) 988-2808

HIPAA PRIVACY FORM 2

Acknowledgement of Receipt of Notice of Privacy Practices

Purpose: This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

This Form is educational only, does not constitute legal advice, and covers only federal, not state, law (August 14, 2002).

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

****You May Refuse to Sign This Acknowledgement****

I, _____, have received a copy of this office's Notice of Privacy Practices.

{Please Print Child's Name}

{Signature}

{Date}

Who may we correspond with regarding Treatment?

- Any immediate member of family Other _____
 Parents only _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
 Communications barriers prohibited obtaining the acknowledgement
 An emergency situation prevented us from obtaining acknowledgement
 Other (Please Specify)
- _____

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