



**Acknowledgement of Privacy Practice Notice 2011**

I hereby acknowledge that I have received a copy of the Privacy Practices Notice, in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name \_\_\_\_\_

On this date I was offered, but declined a copy of the Privacy Practices Notice. I am aware that a copy of the Privacy Practice Notice is available to me at my request at a later date.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name \_\_\_\_\_