



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
The Charis Clinic PLLC

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

You may refuse to sign this acknowledgement.

I, _____, have received a copy of Charis Family Clinic's Notice of Privacy Practices.

Printed Name

Patient Signature

Date

Witness Signature

Date

--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

Communication barriers prohibited obtaining the acknowledgement

An emergency situation prevented us from obtaining acknowledgement

Other _____