## **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.

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Schweitzer & Schweitzer, PC

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

l,		, have received a copy of this office's Notice of	
Privac	y Pract	ices.	
	{Pleas	se Print Name}	
	{Signa	gnature}	
	{Date}	}	
		Fan Office Has Only	
		For Office Use Only	
		d to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but ment 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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