Woodlands Functional Family Medicine

HIPAA Acknowledgement of Review of Notice of Privacy Practices

Notification Form

I have reviewed this office's Notice of Privacy Practices which explains how my health information will be used and disclosed. I understand that I am entitled to receive a copy of this document upon request.

Print Patient Name	Patient Date of Birth
Patient Signature	Date
Relationship (if not patient)	Witness

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:

Please indicate by using a checkmark:

__ Individual refused to sign

__ Communications barriers prohibited obtaining the acknowledgement

__ An emergency situation prevented us from obtaining acknowledgement

__ Other (Please Specify)_____

Name of Verifying Staff Member_____