

PARAGON HEALTH, P.C.

Form Number: HF001a

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below I acknowledge that I have received a copy of the Notice of Privacy Practices.

Name of patient

Signature of patient or personal representative

If signed by personal representative, relationship to patient

Date

Office Use Only:

Our practice will make a good faith effort to obtain a written acknowledgment of receipt of the Notice provided to the individual. If written acknowledgement is not obtained, our practice must document its good faith efforts to obtain such acknowledgment and record the reason why the acknowledgment was not obtained.

Refused to Sign Physically unable to Sign

(Other) _____

Employee Signature _____ Division: _____

Date: _____