

Allergy & Asthma Center, P.C.

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.

Our Notice of Privacy Practices is available in our office or on our website at www.aacenterpc.com under Patient Forms.

I have received a copy of the Allergy & Asthma Center, P.C.'s Notice of Privacy Practices.

(Please Print Name)

(Signature of patient or legal guardian)

(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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify):
