



Robert Graper, M.D. F.A.C.S.

## Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name & Address: \_\_\_\_\_

I have received a copy of the Notice of Privacy Practices for the above named practice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### For Office Use Only

**We were unable to obtain a written acknowledgement of receipt of Notice of Privacy Practices because:**

An emergency existed & a signature was not possible at the time.

The individual refused to sign.

A copy was mailed with a request for a signature by return mail.

Unable to communicate with the patient for the following reason:

Other: \_\_\_\_\_

Prepared by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_