

## Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I received a copy of **Sedona Hearing Center's** Notice of Privacy Practices, *updated September 2013*. I further acknowledge that a copy of the current notice will be posted in the reception area, the website (if applicable) and that I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

- This Notice informs me how Sedona Hearing Center will use my health information for the purposes of my treatment and/or payment for my treatment.
- This Notice explains in more detail how Sedona Hearing Center may use and share my health information for other than treatment, payment, and health care operations.
- Sedona Hearing Center will also use and share my health information as required/permitted by law.

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**Please indicate one of the following:**

- I have received a copy of this office's Notice of Privacy Practices.**

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

***\*\* You may refuse to sign this acknowledgment.***

- I have received a copy of this office's Notice of Privacy Practices, but I elect not to sign this receipt. (print name only)**

Please print name \_\_\_\_\_

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### **(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

\_\_\_\_\_ Communication barriers prohibited obtaining the acknowledgement

\_\_\_\_\_ An emergency situation prevented us from obtaining acknowledgement

\_\_\_\_\_ Other (specify) \_\_\_\_\_