

HIPAA-COMPLIANCE

Benjamin J. Cousins, MD

**Receipt of Notice of Privacy Practices
Written Acknowledgement Form**

I, _____, have reviewed/received a copy of
Patient Name

Notice of Privacy Practices

Signature of Patient/Guardian

Date: _____

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement but was unable to do so as documented below:

Date _____ Initials: _____ Reason:

Signature _____ Date _____