



1720 Dolphin Drive, Unit B
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ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE

SECTION A: The Patient / Guardian of minor

Relationship to Individual: _____

Name: _____

Address: _____

Telephone: _____ Fax: _____

SECTION B: Acknowledgment of Receipt of Privacy Notice.

I, _____, acknowledge that I have received a Notice of Privacy Practices from the above-named practice.

Signature: _____ Date: _____

If a personal representative/guardian signs this authorization on behalf of the individual, complete the following:

SECTION C: Good Faith Effort to Obtain Acknowledgment of Receipt.

(If you have signed this form, you do not need to fill out this section)

Describe the reason why the individual would not sign this form:

SIGNATURE

I attest that the above information is correct.

Signature: _____ Date: _____

Print Name: _____