Acknowledgement of Receipt of Notice of Privacy Practices

The privacy of your protected health information is important to us. We have provided you with a copy of our Notice of Privacy Practices. It describes how your health information will be handled in various situations. We ask that you sign this form to acknowledge you received a copy of our Notice of Privacy Practices.

I acknowledge that I have received a copy of the ISU Physical & Occupational Therapy Associates Notice of Privacy Practices.

______________________________
Print Name of Patient or Personal Representative

______________________________
Signature of Patient or Personal Representative

Authority of Personal Representative to Sign for Patient (check one):
☐ Parent ☐ Guardian ☐ Power of Attorney ☐ Other: ________________________________

Please Note: It is your right to refuse to sign this Acknowledgement.

For Office Use Only

We have made a good faith effort in attempting to obtain written acknowledgement of receipt of the Notice of Privacy Practices.

1. Does the patient have a copy of the Notice of Privacy Practices?  ☐ Yes ☐ No
2. If you answered “No” above, please explain why the patient did not sign acknowledgment form:
   ☐ Patient/individual refused to sign ____________________ (Date of Refusal).
   ☐ Communication barriers prohibited obtaining an acknowledgement.
   ☐ Legal representative not available.
   ☐ Patient bypassed registration.
   ☐ An emergency situation prevented ISU from obtaining an acknowledgement.
   ☐ Other: ________________________________________________________________

______________________________
Completed By: ____________________________
Signature                                                                  Date