

Grace Health

## **Acknowledgment of Receipt of Notice of Privacy Practices**

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

I acknowledge that I have received a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
Patient/Parent/Guardian/Representative

\_\_\_\_\_  
Date

### **For Grace Health Use Only:**

The Notice of Privacy Practices was presented to the patient today. The patient or representative declined to sign this Acknowledgment of Receipt of Notice of Privacy Practices upon request.

\_\_\_\_\_  
Grace Health employee

\_\_\_\_\_  
Date

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