



**ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE**

<p><i>For office use only:</i></p> <p>Patient Name: _____</p> <p>Date of Visit: _____</p>
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By signing this form, you acknowledge that \_\_\_\_\_ All Care Sleep Center \_\_\_\_\_ has given you a copy of its Privacy Notice, which explains how your health information will be handled in various situations. We must try to have you sign this form on your first date of service with us after April 14, 2003.

If your first date of service with us was due to an emergency, we must try to give you this notice and get your signature acknowledging receipt of this notice as soon as we can after the emergency.

Check all that are true:

- I have received \_\_\_\_\_ All Care Sleep Center's \_\_\_\_\_ Privacy Notice.
- \_\_\_\_\_ All Care Sleep Center \_\_\_\_\_ has given me the chance to discuss my concerns and questions about the privacy of my health information.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

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\_\_\_\_\_ All Care Sleep Center \_\_\_\_\_ staff should complete if Acknowledgement Form is not signed:

Does patient have a copy of the Privacy Notice?

- Yes                       No

Please explain why the patient was unable to sign an acknowledgement form and \_\_\_\_\_ All Care Sleep Center \_\_\_\_\_ efforts in trying to obtain the patient's signature:

\_\_\_\_\_  
\_\_\_\_\_