

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have had the opportunity to receive and/or review a copy of Desert Spine and Sports Physicians' Notice of Privacy Practices that outlines how patient confidential information will be used, disclosed, and protected.

\_\_\_\_\_  
Printed Patient Name

\_\_\_\_\_  
Printed Name/Relationship if Signed by Individual Other than Patient

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices but could not because:

- Individual Refused to Sign
- Communication Barrier
- Care Provided was Emergent
- Other

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

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date