

OYSTER POINT FAMILY PRACTICE, INC.

**Acknowledgement of Receipt
Of Notice of Privacy Practices**

Patient Name: _____

Patient Address: _____

I have received a copy of the Notice of Privacy Practices for the above
named practice.

Signature

Date

For Office Use Only

**We were unable to obtain a written acknowledgement of receipt of the Notice of
Privacy Practices because:**

- ☐ An emergency existed & a signature was not possible at the time.
- ☐ The individual refused to sign.
- ☐ A copy was mailed with a request for a signature by return mail.
- ☐ Unable to communicate with the patient for the following reason:

- ☐ Other: _____

Prepared By _____

Signature _____

Date _____
