

# **SHREWSBURY AND ASSOCIATES, P.S.C.**

## **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

\*You may refuse to sign this acknowledgement\*

I have received the practice's Notice of Privacy Practices and understand that my protected health information may be used by the practice as described in the notice.

PATIENT NAME: \_\_\_\_\_

PATIENT (or Guardian) SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Please ask the receptionist if you would like a copy of our Privacy Act.

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### For Office Use Only

We attempted to obtain the patient's signature in acknowledgement of this notice of Privacy Practices but were unable to do so as documented below:

Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Reason: \_\_\_\_\_

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