

Grey Muzzle Manor

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By my signature below, I acknowledge that I have received a copy of the HIPAA Notice of Privacy Practices for Grey Muzzle Manor.

Name _____

Address _____

Date of Birth _____

Signature of individual or legal representative

Date

Printed Name of person signing

Relationship to Client

FOR OFFICE USE ONLY

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

_____ Individual refused to sign

_____ Communication barriers prohibited obtaining the acknowledgement

_____ An emergency situation prevents us from obtaining acknowledgement

_____ Other

(Specify) _____

Dates attempted and what attempts were made I and by whom: _____
