Acknowledgement of Receipt of Notice of Privacy Practices I acknowledge that I have received and understand Certified Hand Therapy Services, LLC

Notice of Privacy Practices containing a description of the uses and disclosures of my health information. I further understand that Certified Hand Therapy Services, LLC may update its Notice of Privacy Practices at any time and that I may receive an updated copy of Certified Hand Therapy Services, LLC Notice of Privacy Practices by submitting a request in writing for a current copy of Notice of Privacy Practices.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Patient Signature Date

If completed by patient’s personal representative, please print name and sign below. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Patient Personal Representative Name Relationship to Patient:

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Patient Personal Representative Signature Date

For Certified Hand Therapy Services, LLC Official Use Only

Complete this form if unable to obtain signature of patient or patient’s personal representative. Certified Hand Therapy Services, LLC made a good faith effort to obtain patient’s written acknowledgement of the Notice of Privacy Practices but was unable to do so for the reasons documented below:

* Patient or patient’s personal representative refused to sign o Patient or patient’s personal representative unable to sign
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
    
  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   Printed Employee Witness Name  
    
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  
  Employee Witness Signature Date