



238 East State Rd #2
Pleasant Grove, UT 84062



485 South Main Street #302
Springville, UT 84663

Acknowledgement of Receipt of Notice of Privacy Practices

Notice to Patients:

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may render or disclose your health information. Please sign this form to acknowledge receipt of this notice. You may refuse to sign this acknowledgement if you wish.

I Acknowledge that I have received a copy of this office's Notice of Privacy Practices.

Please print your name here _____

Signature _____

Date _____

For Office Use Only

We have made every effort to obtain written acknowledgement of receipt of our Notice of Privacy from this patient but it could not be obtained because:

- The patient refused to sign
- Due to an emergency situation, it was not possible to obtain acknowledgement
- We weren't able to communicate with the patient
- Other (Please provide specific details)