

Dr. Brian Furie

Patient Name: \_\_\_\_\_

SECTION B: Acknowledgement of Receipt of Privacy Practices Notice.

I, \_\_\_\_\_ acknowledge that I have received a Notice of Privacy Practices from the above named practice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If a personal representative signs this authorization on behalf of the individual, complete the following:

Personal Representative's Name: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

SECTION C: Good Faith Effort to Obtain Acknowledgement of Receipt.

Describe your good faith effort to obtain the individual's signature on this form:

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Describe the reason why the individual would not sign this form:

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**ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE**