

Oakwood Family Care

Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name: _____
Last First DOB

By Signing below, I am acknowledging that:

I am either the patient or the patient's personal representative;
I have received a copy of the "Notice of Privacy Practices" from Oakwood Family Care; and
I understand that I may contact the person named in the Notice if I have questions about the content of the Notice.

Signature of patient or parent / legal guardian Date

Description of relationship to patient

TO BE COMPLETED BY STAFF

Complete all applicable parts-Please refer to instructions

Part 1. Complete if signature requested but not obtained:

Staff member sought but was unable to obtain an acknowledgement from the patient or the patient's personal representative for the following reason:

Patient/personal representative refused to sign form

Other _____

Part 2. Complete if patient/personal representative is unavailable to sign form on the first date of service:

Form mailed/sent to patient/personal representative on _____.

Part 3. Complete if either Part 1 or Part 2 completed:

Signature of staff member

Date