

## Acknowledgement of Receipt of Notice of Privacy Practices

I have received/ reviewed a copy of the Notice of Privacy Practices for  
**SPOT Rehabilitation, Inc.**

\_\_\_\_\_  
Name of Patient (Print or Type)

\_\_\_\_\_  
Signature of Patient or Patient Representative

\_\_\_\_\_  
Relationship of Patient Representative to Patient

\_\_\_\_\_  
Date

### Documentation of Attempt to Obtain Acknowledgement of Receipt of Notice of Privacy Practices

An attempt was made to obtain an acknowledgement of receipt of the Notice of Privacy Practices on \_\_\_\_\_. The acknowledgement was not obtained because:

The patient declined to sign the acknowledgement

Other \_\_\_\_\_

\_\_\_\_\_  
Name of Patient (Print or Type)

\_\_\_\_\_  
Name of Staff Member

\_\_\_\_\_  
Date

Adopted: 4/2003; Revised: 9/2013