



Acknowledgement of Receipt of Notice of Privacy Practices

I have received/reviewed a copy of the Notice of Privacy Practices for SPOT REHABILITATION AND HOME CARE, 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 of Type) _____

Name of Staff Member _____ Date _____