

Grace Health

Acknowledgment of Receipt of Notice of Privacy Practices

Patient Name _____ Date of Birth _____

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

Patient/Parent/Guardian/Representative

Date

For Grace Health Use Only:

The Notice of Privacy Practices was presented to the patient today. The patient or representative declined to sign this Acknowledgment of Receipt of Notice of Privacy Practices upon request.

Grace Health employee

Date

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