

Beautiful FACES by Dr. Vu Ho

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below I acknowledge that I have received a copy of the Notice of Privacy Practices:

Name

Signature

Date

OFFICE USE ONLY

Our practice will make a good faith effort to obtain a written acknowledgement of receipt of the Notice provided to the individual. If written acknowledgement is not obtained, our practice must document its good faith efforts to obtain such acknowledgement and record the reason why.

Refused to Sign

Physically Unable to Sign

Other: _____

Signature of Practice Representative

Date