

***Notice of Privacy Practices***  
**Receipt and Acknowledgment of Notice**

**Patient Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

I acknowledge that I have received and have been given an opportunity to read a copy of Celia Marie Hartnett's *Notice of Privacy Practices*. I understand that if I have any questions regarding the notice or my privacy rights, I can discuss them with her.

\_\_\_\_\_  
**Signature of Patient** **Date**

\_\_\_\_\_  
**Signature or Parent, Guardian or Personal Representative \*** **Date**

\* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

**Patient Refuses to Acknowledge Receipt:**

\_\_\_\_\_  
**Signature of Witness** **Date**