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NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

Notice to Patient:

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge your receipt of the Notice. You may refuse to sign this acknowledgement, if you wish.

Signature below is only acknowledgement that you have received this Notice of our Privacy Practices.

Patient Name _____

Relationship to Patient _____

Signature _____

Date _____

FOR OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgment on this Notice of Privacy Practices, but was unable to do so as documented below:

- The patient refused to sign.
- Due to an emergency situation, it was not possible to obtain an acknowledgement.
- We were not able to communicate with the patient.
- Other (Please provide specific details)

Signature

Date
