

Acknowledgment of Receipt of HIPAA Privacy Notice

Lesner Hearing Center
5232 Dawes Avenue
Alexandria, VA 22311
(703) 820-3800

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Name: _____

Signature: _____

Date: _____

The Privacy Rule portion of HIPAA regulations requires our practice to submit a copy of the Privacy Notice to each patient, both existing and new. If the patient refuses to sign the notice, this practice is not obligated to treat the patient.

Staff use only:

Patient was presented with the Notice of Privacy Practices but did not sign acknowledgement.

Staff Initials: _____

Comments: _____
