

ACKNOWLEDGEMNT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

**** You May Refuse to Sign This Acknowledgement ****

I have received a copy of Atta J. Asef D.P.M. Privacy Practices; Furthermore, I give my consent to Atta J. Asef D.P.M. to use or disclose my health information to carry out treatment, payment activities, and health care operations.

Please Print Name

Signature

Date

***** For Office Use Only *****

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practice, but acknowledgment could not be obtained because:

- Individual refused to sign.
- Communications barriers prohibited obtaining the acknowledgment.
- An emergency situation prevented us from obtaining acknowledgment.
- Other (Please Specify)

