

Dr. David Camorali  
1010 S. North Point Rd  
Baltimore, Md 21224  
NAME OF PRACTICE \_\_\_\_\_

## Acknowledgement of Receipt of Notice of Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 requires that health care providers give patients a copy of the office Notice of Privacy Practices and make a good faith effort to obtain an acknowledgement of receipt of same. *You may refuse to sign this acknowledgement form.*

By signing this form I confirm that I have received a copy of the office Notice of Privacy Practices.

Print name \_\_\_\_\_  
Sign name \_\_\_\_\_  
Date \_\_\_\_\_

- 0 Patient refused to sign
- 0 Emergency situation
- 0 Unable to communicate with patient
- 0 Other \_\_\_\_\_  
\_\_\_\_\_

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