



Acknowledgment of Receipt of Notice of Privacy Practices

By signing below, I acknowledge that I have been provided a copy of Advanced Adult Clinic, Inc's Notice of Privacy Practices.

Name and Signature of Patient or Representative

Date

For Office Use Only

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

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

Name, Position, and Signature of Office Staff

Date