



Comprehensive Rehabilitation Services...to help meet life's challenges

Acknowledgement of Receipt of Notice of Privacy Practices

* You may refuse to sign this Acknowledgement

Patient Name: _____

I hereby acknowledge that I received a Notice of Privacy Practices from Rehabilitation Associates of Naples.

Date

Patient Signature or Legal Representative

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
- Communication(s) barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify) _____

