



*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) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

