

ACKNOWLEDGEMENT OF RECEIPT

Del Mar Dermatology must document its good faith effort to obtain a patient’s signed acknowledgement that they have received the Notice of Privacy Practices. This policy first became effective on April 14, 2003. If a patient refuses to sign this acknowledgement it will be documented in that patient’s chart. A medical practice must obtain this acknowledgement for documentation of its efforts to remain compliant with Health Insurance Portability and Accountability act of 1996 (HIPAA), public law 104-191.

I, _____, acknowledge that I have received and/or have been made aware of the availability of the Notice of Privacy Practices issued by Del Mar Dermatology.

Signature

Date

If not signed by patient, please indicate relationship below:

- Parent or guardian of minor patient;
- Guardian or conservator of an incompetent patient;
- Other:_____

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- Patient has received the Notice of Privacy Practices.
- Patient acknowledged the availability of the Notice of Privacy Practices but declined receipt of one at this time.
- Patient refused to sign acknowledgement of the Notice of Privacy Practices.

Reason patient refused to sign this document:_____
