

Acknowledgement of Receipt of Notice

**Compliance/Privacy Officer
Jennifer A. McLaughlin, M.D., PLLC**

I hereby acknowledge that I received or read a copy of this medical practice's Notice of Privacy Practices.

Yes No (Circle one) I would like to receive a copy of any amended Notice of Privacy Practices.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate Relationship:

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient
- Beneficiary or personal representative of deceased patient

Name of Patient: _____



For Office Use Only:

Signed form received by: _____

Acknowledgement refused:

Efforts to obtain: _____

Reasons for refusal: _____
