



## Acknowledgement of Receipt of Privacy Practices

I, \_\_\_\_\_ have received a copy of Vascular Surgical Associates, P.C. Notice of Privacy Practices

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

### OFFICE USE ONLY

On \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_ (AM/PM) we made a good faith attempt to obtain a written acknowledgement of receipt of our NPP, but acknowledgement could not be obtained because of the following reasons:

\_\_\_\_\_ Patient refused to sign

\_\_\_\_\_ Communication barriers prevented obtaining a receipt

\_\_\_\_\_ An emergency prevented obtaining a receipt

\_\_\_\_\_ Other: \_\_\_\_\_