

# Vascular Surgical Associates, P.C.

## 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: \_\_\_\_\_