

RECEIPT OF NOTICE OF PRIVACY PRACTICES

**ACKNOWLEDGMENT OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES**

I, _____ [Patient's name], acknowledge that I have received the Notice of Privacy Practices of **Dr. Gerald Geist & Associates**.

Signature of Patient

-or-

Signature of Personal Representative
of Patient

Date Signed

Relationship of Personal Representative
to Patient

**CONFIRMATION OF INABILITY
TO OBTAIN CUSTOMER'S ACKNOWLEDGEMENT**

I hereby confirm the following:

1. I am an employee of **Dr. Gerald Geist & Associates**.
2. I requested the following Patient to sign an Acknowledgment of Receipt of Notice of Privacy Practices:

3. The Patient refused or failed to sign the Acknowledgment for the following reason [provide statement of reason]:

Signature of Employee

Date Signed

TO BE PLACED IN FILE OF PATIENT