



## Acknowledgement of Receipt of Notice of Privacy Practices

Privacy Officer: Dr Shane Bush MD (219) 762-4999

I hereby acknowledge that I received a copy of the Notice of Privacy Practices for the above, medical practice. I further acknowledge that a copy of the current notice is posted in the reception area and that any amended Notice of Privacy Practices will be made available at my next appointment.

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

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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: \_\_\_\_\_

### Notice of Privacy Practices Acknowledgement Tracking Information

Complete the following only if the Patient refuses to sign the Acknowledgment:

Efforts to obtain: \_\_\_\_\_

Reasons for refusal: \_\_\_\_\_

\_\_\_\_\_

Employee Name: \_\_\_\_\_