

## **ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE**

I, \_\_\_\_\_, have received a copy of Dr. Mariela Costello's Notice of Privacy Practices.

Patient name: \_\_\_\_\_

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

It is your right to refuse to sign this document.

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For Office Use Only:

The reason that a standard acknowledgment (such as the above) of the receipt of the Notice of Privacy Policies was not obtained:

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

\_\_\_\_\_ Communication barriers prohibited obtaining the acknowledgment

\_\_\_\_\_ An emergency situation prevented this office from obtaining it

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