



**ACKNOWLEDGEMENT
RECEIPT OF PRIVACY PRACTICES**

By signing below, I acknowledge that I have received a copy of *Notice of Privacy Practices* from Drs. Hewitt & Anderson.

Patient Signature

Date

Print Name

Documentation of Failure to Obtain Signed Acknowledgement

On _____ presented this Acknowledgement of Receipt of Notice of Privacy Practices Form to _____. The patient refused/was unable to provide a signature when requested.

Reason: _____