

Acknowledgement Of Receipt Of The Notice Of Privacy Practices

I acknowledge that I have received a copy of Atkinson's Pharmacy Notice of Privacy Practices:

Individual's Printed Name

Individual's Printed Name

Individual's Signature Name

OR

Personal Representative Name

Date

Personal Representative Signature

Date

Documentation of Good Faith Effort

The Pharmacy made a good faith effort to obtain a written acknowledgment of the individual's receipt of the Notice but a written acknowledgment was not received for the following reason:

- Individual refused to sign.
- Individual was not able to sign. (*Please specify below*):

 Emergency

Other (*please specify below*):

Employee's Signature

Date