

## 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