

Smell and Taste Clinic - AllergyCorp Group

Acknowledgement of Receipt of Notice of Privacy Practices

Patients Name: -----

Date of Birth: -----

Chart#: -----

I understand and have been provided with a copy of the Notice of Privacy Practices for Smell and Taste - AllergyCorp Group.

Patient/Legal Guardian/POA (please attach documents) Date

For Office Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- An emergency existed & a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail.

Unable to communicate with the patient for the following reason:

Other: -----

Prepared By: -----

Signature: _____ Date: _____

Relationship to Patient: _____