



Acknowledgement of Receipt of Privacy Notice

For Office Use Only:

Patient Name: _____

Account Number: _____

Date of Request: _____

By signing this form, you acknowledge that **Rosedale Family Care Partners, PA** has given you a copy of its Privacy Notice, which explains how your health information is handled within this practice for various situations. We must try to have you sign this form on the first date of service with **Rosedale Family Care Partners, PA**.

If your first date of service with **Rosedale Family Care Partners, PA** was due to an emergency, we must try to give you this notice and get your signature acknowledging receipt of this notice as soon as we can after the emergency.

Check all that apply:

I have received **Rosedale Family Care Partners, PA's** Privacy Notice.

Rosedale Family Care Partners, PA has given me the chance to discuss my concerns and questions about the privacy of my health information.

Patient Signature: _____

Rosedale Family Care Partners, PA staff should complete if Acknowledgement Form is not signed:

1. Does patient have copy of the Privacy Notice?

YES

NO

2. Please explain why the patient was unable to sign acknowledgement and staff efforts to obtain signature: _____
