

Acknowledgement of Receipt of Notice of Privacy Practices Renee L. Sato MD, LLC

I, _____, have read a copy of this medical
(name of patient)

office's Notice of Privacy Practices. I understand that a printed copy is available for me to take at anytime.

Print Name

Signature

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign.
- Communication barrier prohibited obtaining the acknowledgement.
- An emergency situation prevented us from obtaining acknowledgement.
- Other (please specify).

Doctor Office Signature: _____ Date: _____