

**HIPPA PRIVACY
ACKNOWLEDGEMENT OF RECEIPT
OF
NOTICE OF PRIVACY PRACTICES**

I, _____ (Please print full legal name here). (The “patient” or “patient’s legal representative”), have been presented with the Notice of Privacy Policy (the “Policy”) of Dr. Jay A. Keesling (the “Provider”), and have been offered a copy of such policy to keep for my records.

_____(Please initial here) I hereby acknowledge that I have been provided with a copy of the Policy.

_____(Please initial here) I hereby refuse to acknowledge receipt of the policy. I understand that even though I may refuse to sign this acknowledgment, Provider may still provide treatment to me.

Signature of Patient Date

For Office Use Only

I, _____ (Please print full legal name here), acting as _____ (Please print relationship to or official position with Provider) for Provider attempted to obtain the written acknowledgment of receipt of the Policy of Provider on _____ (Please insert date attempt was made), but acknowledgment could not be obtained because:

_____(Please initial here) Patient or Patient’s legal representative to sign.

_____(Please initial here) Patient or Patient’s legal representative could not be communicated with sufficient to obtain acknowledgment.

_____(Please initial here) Emergency circumstances prevented securing acknowledgment.

_____(Please initial here) Other (Please specify) _____

Signature of Provider representative Date