

ALAN NILI D.O.
Family Practice
Diplomate of American Board of Family Practice

ACKNOWLEDGEMENT OF RECEIPT

NOTICE OF PRIVACY PRACTICES
Acknowledgement of Receipt

By signing this form you acknowledge receipt of the *Notice of Privacy Practices* of Alan R. Nili D.O. Incorporated. Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our *Notice of Privacy Practices* is subject to change.

I acknowledge receipt of the *Notice of Privacy Practices* of Alan R. Nili D.O. Incorporated.

Signature: _____ Date:

(patient / parent / guardian / conservator)

INABILITY TO OBTAIN ACKNOWLEDGEMENT

To be completed only if no signature is obtained.

If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained.

Signature of Provider Representative: _____ **Date:**
