

**BLUE RIDGE EAR, NOSE, THROAT & PLASTIC SURGERY, INC.**

**Acknowledgement of Receipt  
of Notice of Privacy Practices**

Patient Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have received a copy of the Notice of Privacy Practices for the above named practice.

\_\_\_\_\_  
Signature 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 and a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for signature by return mail.
- Unable to communicate with the patient for the following reason:

\_\_\_\_\_

- Other: \_\_\_\_\_

\_\_\_\_\_

Prepared by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_