[Insert Name of Practice]  SECTION A: The Patient.  Name:	
Telephone:	E-mail:
Patient Number:	Social Security Number:
SECTION B: Acknowledgement of Receipt of Priva	acy Practices Notice.
<u> ,                                    </u>	, acknowledge that I have received a Notice of
Privacy Practices from the above-named practice.	
Signature: If a personal representative signs this authorization	Date: n on behalf of the individual, complete the following:
Relationship to Individual:	
SECTION C: Good Faith Effort to Obtain Acknowle	edgement of Receipt.
Describe your good faith effort to obtain the individ	lual's signature on this form:
	sign this form:
SIGNATURE.  I attest that the above information is correct.	
Signature:	Date:
Print name:	ecords.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE O Michael Best.

Form No. T303HA