

Douglas C. Brown, M.D., FACS

Acknowledgement of Receipt of Notice of Health Information Privacy Practices

I, (patient name) _____, acknowledge receipt of this **Notice of Health Information Privacy Practices**.

I, _____, certify that I have made a good faith effort to obtain written acknowledgement of receipt of this **Notice of Health Information Privacy Practices**, from patient _____ but the acknowledgement was not obtained because:

By: _____

This _____ day of _____, 2007.

This document must remain in the patient's chart at all times.

This document must be retained for the longer of 6 years from the date of its creation or when it was last in effect.