

ACKNOWLEDGEMENT OF RECEIPT OF  
HIPAA NOTICE OF PRIVACY PRACTICES

My signature below indicates that I have been provided with a copy of Sonora Behavioral Health's HIPAA Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legally Authorized Representative

\_\_\_\_\_  
Date

If signed by legal representative, relationship to patient:

- Legal Guardian / Parent
- Power of Attorney
- Other: \_\_\_\_\_

Please Note: It is your right to refuse to sign this Acknowledgement.

An attempt was made to obtain the written Acknowledgement of Receipt of Sonora Behavioral Health's HIPAA Notice of Privacy Practices of the patient noted above but it could not be obtained because:

- An emergency prevented us from obtaining acknowledgement.
- A communication barrier prevented us from obtaining acknowledgement.
- The patient was unwilling to sign.
- Involuntary Status
- Other: \_\_\_\_\_

\_\_\_\_\_  
Staff Member Signature/Credentials

\_\_\_\_\_  
Date

