

# ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY POLICY

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I acknowledge that I was provided a copy of the *Notice of Privacy Practices* for Dr. Michael Lupovici.

\_\_\_\_\_  
SIGNATURE OF PATIENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\* If the person signing this is not the patient, please print your name and relationship to the patient.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
RELATIONSHIP TO PATIENT

I [patient or representative] request a copy of the *Notice of Privacy Practices*: YES  NO

\_\_\_\_\_  
For Office Use:

If patient/representative requested copy of Notice, date copy was provided \_\_\_\_\_

If no acknowledgement could be obtained, state the reasons why and the efforts taken to try to obtain the acknowledgement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_