

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I received a copy of Drs. Kunkle and Powell PA Notice of Privacy Practices.

Patient name _____

Signature _____ Date _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)
