

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

**Dr. Messina & Associates, Inc.**

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Patient's name: \_\_\_\_\_

Parent/legal guardian's name: \_\_\_\_\_

I, \_\_\_\_\_, have received a copy of the HIPPA Notice of Privacy Practices.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

It is your right to refuse to sign this document

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For Office Use Only:

The reason that a standard acknowledgment (such as the above) of the receipt of the HIPPA Notice of Privacy Practices was not obtained:

\_\_\_\_\_ Patient, parent, or legal guardian refused to sign.

\_\_\_\_\_ Communication barriers prohibited obtaining the acknowledgement.

\_\_\_\_\_ An emergency situation prevented this office from obtaining it.

\_\_\_\_\_ Others: \_\_\_\_\_

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