

**ASTHMA, ALLERGY & IMMUNOLOGY CENTER
ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I have received a copy of Asthma, Allergy & Immunology Center's Notice of Privacy Practices.

Name (please print): _____

Signature: _____

Date: _____

If you are not the patient, then indicate your relationship to patient:

Relationship to Patient: Parent Legal Guardian

Signature: _____

Date: _____

For AAIC Staff Use: If the individual or parent/legal guardian did not sign above, AAIC staff must document when and how the Notice was given to the individual, why the acknowledgment could not be obtained, and the efforts that were made to obtain it.

Notice of Privacy Practices given to individual on _____ (date)

In Person Mailing Email Other _____

Reason individual or parent/legal guardian did not sign this form:

Did not want to Did not respond after more than one attempt

Other _____

The following good faith efforts were made to obtain the individual or parent/legal guardian's signature. Please document with dates, times, individuals spoken to, and outcome, as applicable, the efforts that were made to obtain the signature. More than one attempt must be made.

In person conversation _____

Telephone contact _____

Mailing _____

Email _____

Other _____

Staff Name (please print): _____ Title: _____

Signature: _____ Date: _____