

**MIDMICHIGAN DERMATOLOGY**  
**PRIVACY PRACTICES ACKNOWLEDGEMENT**

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**ACKNOWLEDGEMENT FORM**

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I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**Below is For Office Use Only**

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**Documentation of Failure to Obtain Signed Acknowledgement**

I presented this Acknowledgement of Receipt of Notice of Privacy Practices Form

to \_\_\_\_\_

- The patient (parent or guardian) refused to provide a signature when requested.
- Communication barriers prohibited obtaining the Acknowledgement.
- An Emergency situation prevented us from obtaining acknowledgement.
- Other (Please specify)

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Office Personnel Signature

Date