

ACKNOWLEDGEMENT of RECEIPT
of the NOTICE of PRIVACY PRACTICES

I acknowledge that I have received a copy of the pharmacy's Notice of Privacy Practices:

Individual's Signature

Individual's Printed Name

Date

Documentation of Good Faith Effort

The pharmacy made a good faith effort to obtain a written acknowledgment of the individual's receipt of the Notice but a written acknowledgment was not received for the following reason:

- Individual refused to sign.
- Individual was not able to sign. (*please specify below*):

- Emergency
- Other (*please specify below*):

Workforce Member's Signature

Date