

Acknowledge of Receipt
Of
Notice of Privacy Practices

I, _____ acknowledge that I have read and/or received a copy of the Wayne County Community Health Center **Notice of Privacy Practices**.

Date: _____

Witness: _____

Failure to Obtain Signed Acknowledgment

Date: _____

The Wayne County Community Health Center presented this Acknowledgment to _____ . The patient refused to provide a signature when requested.

Wayne County Community Health Center Signature