



Columbia Heart

Experience. Compassion. Excellence.

Acknowledgement of Receipt Of Notice of Privacy Practices

Patient Name & Address: _____

I hereby acknowledge that I have received a copy of **Columbia Heart's**
NOTICE OF PRIVACY PRACTICES.

Signature

Date

For Columbia Heart Internal Use Only

We were unable to obtain a written acknowledgment of receipt of the Notice of Privacy Practices because:

- An emergency existed & a signature was not possible at the time.
- The individual refused to sign
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with the patient for the following reason:

Other: _____

Prepared By: _____

Signature: _____

Date: _____