



NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I, _____ (patient), acknowledge that I have received a copy of the Allergy, Asthma & Immunology Center, SC’s “**Notice of Privacy Practices.**”

Signature: _____

Date: _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our **Notice of Privacy Practices**, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify): _____