



**NOTICE OF PRIVACY PRACTICES  
ACKNOWLEDGEMENT RECEIPT FORM**

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

I have received a copy of Hospice of Dayton's Notice of Privacy Practices.

Patient Signature: \_\_\_\_\_

I was offered a copy of Hospice of Dayton's Notice of Privacy Practices, but did not want it.

Patient Signature: \_\_\_\_\_

A good faith effort was made to provide a copy of Hospice of Dayton's Notice of Privacy Practices to this patient and to obtain his/her acknowledgement of the same. Patient  accepted  declined the Notice and refused to sign this acknowledgement for the following reason: \_\_\_\_\_

Hospice of Dayton representative: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_