

**RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM**

I have received a copy of BORUCH MIDWIFERY Notice of Privacy Practices.

Patient Name (Print): _____

Signature of Patient: _____

Date: _____

OFFICE USE ONLY:

I have made a good faith effort to obtain an acknowledgement of receipt of the Notice of Privacy Practices of BORUCH MIDWIFERY P.C. I requested the patient

(patient name)

to sign the acknowledgement on ____ / ____ /20 __, but the patient refused.

Receptionist name (Print): _____

Signature: _____