

# MERIT REHAB

## ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES (To be retained by Medical Provider)

I, \_\_\_\_\_ have received or been offered a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
(Please Print Name):

\_\_\_\_\_  
(Signature):

\_\_\_\_\_  
(Date):

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### For Office Use Only

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

- Individual refused to sign.
- Communication barriers prohibited the acknowledgment.
- An emergency situation prevented us from obtaining acknowledgment.
- Other (Please specify)

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