



## WRITTEN ACKNOWLEDGMENT OF RECEIPT

I, \_\_\_\_\_, acknowledge that I have received the written Notice  
Print Name

of Privacy Practices from OakLeaf Clinics, Inc as a new patient and annually thereafter.

\_\_\_\_\_  
Patient or Personal Representative Signature

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

\_\_\_\_\_  
(Personal Representative, describe relationship to patient.)

The patient's condition prohibits the individual from signing an acknowledgment at this time. It will be obtained as reasonably practicable after the patient's condition improves.

Acknowledgment was unable to be obtained. Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_