

Dr. Harvey Levy and Associates, PC  
HIPAA Form 2

**HIPAA - ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

**\*\* You May Refuse to Sign This Acknowledgement \*\***

I, \_\_\_\_\_, (please print your full legal name) have been shown the Privacy Policy for this Office, and have been offered a copy of such policy to keep for my records.

I hereby give permission for this Office to leave messages on the answering service / voicemail / text messaging at

- My home (please initial) \_\_\_\_\_  My cell phone (please initial) \_\_\_\_\_  
 My office (please initial) \_\_\_\_\_  My pager (please initial) \_\_\_\_\_

I hereby give the following people permission to receive information from this Office on my behalf:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Relationship to me (e.g., mother, friend, spouse)

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Relationship to me

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Relationship to me

\_\_\_\_\_  
{Signature}

\_\_\_\_\_  
{Date}

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**For Office Use Only**

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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  An emergency situation prevented us from obtaining acknowledgement  
 Communications barriers prohibited obtaining the acknowledgement  Other (Please Specify \_\_\_\_\_)

\_\_\_\_\_  
{Employee Signature}

\_\_\_\_\_  
{Date}