

LymphaTx

ACKNOWLEDGMENT OF RECEIPT OF THE NOTICE OF PRIVACY PRACTICE

I acknowledge that I have received a copy of the company's Notice of Private Practices:

INDIVIDUAL'S SIGNATURE

INDIVIDUAL'S PRINTED NAME

DOB:

DATE:

PHONE:

Documentation of Good Faith Effort

The company made a good faith effort to obtain a written acknowledgment of the individual's receipt of the Notice but a written acknowledgment was not received for the following reason:

____ Individual refused to sign.

____ Individual was not able to sign. (please specify below): _____

____ Emergency

____ Other (please specify below)

Workforce Member's Signature

Date