





# ARKTOS DIRECT CARE

## ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Notice to the Patient:

Arktos Direct Care, PLLC ("Practice") is required to provide you with a copy of our Notice of Privacy Practices, which states how the Private Practice may use and/or disclose your health information.

Please sign this form to acknowledge receipt of the Notice.

You may refuse to sign this acknowledgment, if you wish.

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I acknowledge that I have received a copy of the Practice's Notice of Privacy Practices.

**Patient's name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### FOR OFFICE USE ONLY

The Practice made every effort to obtain written acknowledgment of receipt of our Notice of Privacy Practices from the Patient but it could not be obtained because:

- The Patient refused to sign.
- Due to an emergency situation it was not possible to obtain an acknowledgment.
- The Practice was unable to communicate with the Patient.

Other: \_\_\_\_\_  
\_\_\_\_\_  
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