



WRITTEN ACKNOWLEDGEMENT OF RECEIPT

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

of Privacy Practices from Oakleaf Clinics, S.C. as a new patient and annually thereafter.

\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Patient or Personal Representative Signature

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

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

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

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