



HIPAA ACKNOWLEDEMENT

“Notices of Privacy Practices”

I acknowledge the receipt of Oregon Interventional Pain Consultants “Notice of Privacy Practices”.

Patient Name: _____

Patient Signature: _____

Date: _____

Signature of Personal Representative: _____

Relationship to Patient: _____

(OFFICE USE ONLY)

A written acknowledgement of receipt of the Notice of Privacy Practices was not attained, despite OAG’s best efforts, because:

- The patient refused to sign
- The patient was physically unable to sign
- Other: _____
