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Denton R. Roberts, M.D.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read if I so chose) and understood the Notice.

Patient Name (please print)

Date

Parent or Authorized Representative (if applicable)

Signature

**DOCUMENTATION OF ATTEMPT TO OBTAIN
WRITTEN ACKNOWLEDGMENT OF THE DELIVERY
OF NOTICE OF PRIVACY PRACTICES**

I attempted to obtain an acknowledgment of the receipt of the Notice of Privacy Practices for

_____, but was unable to do so because _____

Date

Employee signature