



Aleutian Pribilof Islands Association, Inc.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND PATIENT RIGHTS AND RESPONSIBILITIES

By signature below, I acknowledge that I have received Aleutian Pribilof Islands Association, Inc. Privacy Practices and Patient Rights and Responsibilities.

I retained a paper copy for my records.

I decline a paper copy for my records.

Printed Name

Date

Signature

This acknowledgement page will be kept in the client's record.

If acknowledgment could not be obtained from the client, the reasons **must** be documented below.

Office Use Only:

Individual refused to sign

Emergency Situation

Other (Please specify) _____