



Idaho Diabetes and Endocrine Associates, P.A.
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ACKNOWLEDGMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES
(YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGMENT)

Date:

Patient Name: DOB:

Patient Signature:

I hereby acknowledge that I have received a copy of the Idaho Diabetes and Endocrine Associates, P.A. Notice of Privacy Practices on this date or on a previous date:

For Office Use Only

We attempted to obtain written acknowledgement of receipt of Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign.
- Communications barriers prohibited obtaining the acknowledgments.
- An emergency situation prevented us from obtaining acknowledgment.
- Other (specify)