



FRESH MEDICAL FAMILY CLINIC

*Let Our Family Care For Yours*

## Acknowledgement of Receipt of Privacy Practices

We are required by law to give you a copy of this notice and to obtain your written acknowledgement that you have received a copy of the Notice of Privacy Practices.

I, \_\_\_\_\_, hereby acknowledge that I have received a copy of the Oklahoma Health and Wellness Center's Notice of Privacy Practices.

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Patient's Signature

Date

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Signature of Parent of Legal Representative

Date

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Relationship to Patient

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

- Individual refused to sign
  - Communication barriers prohibited obtaining acknowledgement
  - An emergency situation prevented us from obtaining acknowledgement
  - Other (Please Specify): \_\_\_\_\_
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