

Amalia M. Miranda, M.D.

ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF RIGHTS & PRIVACY POLICES

I have received a copy of this office's Notice of Privacy Practices & the Patients Bill of Rights.

Signature _____

Date _____

FOR OFFICE USE ONLY

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

1. ----- INDIVIDUAL REFUSED TO SIGN
2. _____ COMMUNICATIONS BARRIERS PROHIBITED OBTAINING
ACKNOWLEDGEMENT
3. _____ OTHER (please specify)