
**Reconocimiento de recibo de la notification
de Practica de Privacidad
Mansilla Medical Practice**

Nombre y Direccion del paciente:

He recibido una copia del Aviso de prácticas de privacidad.

Firma	Fecha

For Office Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- An emergency existed & a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with the patient for the following reason:

- Other:

Prepared by:	
Signature:	
Date:	
