

*Gentle Care Health Center  
Ellen C. Spinner, MSN, CNP  
Mechanicsburg, OH 43044*

**Acknowledgement of Receipt of Notice of Privacy Practices**

**Patient's Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If patient is under 18 years of age or unable to sign, please complete below:**

**Patient's Personal Representative** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For office personnel only:**

I have made a good faith effort to obtain a written acknowledgement of receipt of the Notice of Privacy Practices from the above named patient, but was unable to, for the following reason:

- Language Barrier
- Patient Cannot Read
- Patient Objects
- Read Later and Return
- Unable to Sign
- Other: \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_