



**ACKNOWLEDGEMENT OF RECEIPT  
OF  
NOTICE OF PRIVACY PRACTICES**

I acknowledge receipt of the Rimrock's Notice of Privacy Practices and have been given the opportunity to review it.

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_\_  
Patient Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Personal Representative

To Staff: If the patient refuses to sign Acknowledgement of Receipt, please state the reason: \_\_\_\_\_

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date