

Stavros Center for Independent Living, Inc.

**HIPAA PRIVACY
ACKNOWLEDGMENT OF RECEIPT
OF
NOTICE OF PRIVACY PRACTICES**

I, _____ [Please print full legal name here] (the consumer or the consumer's legal representative) have been presented with the Notice of Privacy Policy ("the Policy") of Stavros Center for Independent Living, Inc. (Stavros), and have been offered a copy of such policy to keep for my records.

Signature of Consumer of Legal Representative

Date

Consumer's Name _____ Date of Birth: _____

FOR OFFICE USE ONLY

I, _____ [Please print name here], acting as _____
_____ [please print job title at Stavros] attempted to obtain the written acknowledgment of receipt of the Stavros Privacy Notice on _____ [please print date], but this could not be obtained because:

_____ [Please initial] Consumer or legal representative refused to sign.

_____ [Please initial] Emergency circumstances prevented securing acknowledgment.

_____ [Please initial] Other (please specify _____)

Signature of Stavros Representative / Date