

# Neurological Associates of Nevada

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I am acknowledging that I have received a copy of the Neurological Associates of Nevada Notice of Privacy Practices

\_\_\_\_\_  
Please Print Your Name Here

\_\_\_\_\_  
Please Sign Your Name Here

\_\_\_\_\_  
Date

---

### FOR OFFICE USE ONLY

We have made every effort to obtain written acknowledgement of receipt of our Notice of Privacy from this patient but it could not be obtained because:

- The patient refused to sign
- Due to an emergency situation it was not possible to obtain an acknowledgement
- We were not able to communicate with the patient
- Other:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

---