

ALEXANDRA M. BIALY
655 S. ROSELLE ROAD
SCHAUMBURG, IL 601943
847-985-9503

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

****You May Refuse to Sign This Acknowledgement****

I, _____ have been informed/read a copy of this office's Notice of Privacy Practices
(Please Print Your Name)

Signature _____ Date _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify): _____

PATIENT DISCLOSURE INFORMATION

**** Please, Complete and Sign****

1) Where can we call you to speak with you or leave a message for you:

____ home phone _____

____ cell phone _____

____ work phone _____

____ email _____

2) Who may we speak with regarding your treatment _____

3) Emergency person and phone number _____

Signature _____ Date _____