Dr. Samuel J. DeAngelo

Acknowledgement of Receipt Of Notice of Privacy Practices

Patient Name & Address:		
	eceived a copy of the Notice of Privacy F practice.	ractices for the above
	Signature	Date
	For Office Use Only	
We were		
	e unable to obtain a written acknowledgemen Practices because:	t of receipt of the Notice of
	Practices because:	_
Privacy I	Practices because: An emergency existed & a signature was not	_
rivacy l	Practices because: An emergency existed & a signature was not. The individual refused to sign.	possible at the time.
Privacy I	Practices because: An emergency existed & a signature was not. The individual refused to sign. A copy was mailed with a request for a signature.	possible at the time. Ture by return mail.
Privacy I	Practices because: An emergency existed & a signature was not. The individual refused to sign. A copy was mailed with a request for a signat. Unable to communicate with the patient for the	possible at the time. Fure by return mail. The following reason:
rivacy l	Practices because: An emergency existed & a signature was not. The individual refused to sign. A copy was mailed with a request for a signature was not. Unable to communicate with the patient for the	possible at the time. Fure by return mail. The following reason:
Privacy I	An emergency existed & a signature was not. The individual refused to sign. A copy was mailed with a request for a signature unable to communicate with the patient for the Other:	possible at the time. Fure by return mail. The following reason: