

**ACKNOWLEDGEMENT
RECEIPT OF NOTICE OF PRIVACY PRACTICES**

MONA HARDAS M.D., P.C.

By signing below, I acknowledge that I have received or been offered the Notice of Privacy Practices from Mona Hardas M.D., P.C.

Patient Signature

Date

Witness Signature

Date

Documentation of failure to obtain signed acknowledgement

On _____, this Acknowledgement of Receipt of Notice of Privacy Practices Form was presented to, _____.
The patient refused to provide a signature when requested.