

## ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of Bright Start Children's Rehabilitation Center. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information we encourage you to read it in full.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised by contacting our clinic at 1 (956) 5447722.

If you have any questions about our Notice of Privacy Practices, please contact:

Abel Moreno  
140 Uptown Avenue  
Brownsville, Texas 78520

I acknowledge receipt of the Notice of Privacy Practices of Bright Start Children's Rehabilitation Center.

Patient's Name: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Patient/parent/conservator/guardian)

Date: \_\_\_\_\_

## INABILITY TO OBTAIN ACKNOWLEDGEMENT

Complete only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reason why the acknowledgement was not obtained.

Patient's Name: \_\_\_\_\_

Reasons why the acknowledgement was not obtained:

- Patient refused to sign this acknowledgement even though the patient was asked to do so and the patient was given the Notice of Privacy Practices
- Other: \_\_\_\_\_

Signature of provider representative: \_\_\_\_\_

Date: \_\_\_\_\_