
BEATS, Inc.

**Acknowledgement of Receipt of
Notice of Privacy Practices**

Patient Name & Address: _____

I have received a copy of the Notice of Privacy Practices for the above named corporation.

Signature _____ Date _____

For Office Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- There was an emergency and a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with patient for the following reason:

- Other: _____

Prepared By _____

Signature _____

Date _____