

ACKNOWLEDGEMENT OF PRIVACY NOTICE

I have access to a copy of the Notice of Privacy Practices for Telehealth by KPTConsults by clicking on this link:

<https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf> and attached

“Doxy Me” platform HIPAA practices.

Name of Patient (Print or Type)

Signature of Patient

Date: _____

Signature of Patient Representative (Required if the patient is a minor or an adult who is unable to sign this form)

Relationship of Patient Representative to Patient

Documentation of Attempt to Obtain Acknowledgement of Receipt of Notice of Privacy Practices To be used only in the event that the patient chooses not to, or cannot sign the above

Attempt to Obtain Acknowledgement.

An attempt was made to obtain an acknowledgement of the receipt of the Notice of Privacy Practices on _____

The acknowledgement was not obtained because: _____

The patient declines to sign the acknowledgement _____ (check if applicable)

Other _____

Date: _____

Provider Signature:
