



Dietetics & Nutrition, P.C.

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**PRIVACY PRACTICES ACKNOWLEDGEMENT**

**ACKNOWLEDGEMENT FORM**

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Name (Print) \_\_\_\_\_ Birthdate \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

A message:  CAN  CANNOT be left on my home phone answering machine. (Please check a box)

**OFFICE USE ONLY**

I attempted to obtain the patient's signature on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date:	Initials:	Reason:
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