

**ACKNOWLEDGEMENT OF
RECEIPT OF NOTICE OF PRIVACY PRACTICES**

**FERRIS PHARMACY CARE CLINIC
FERRIS STATE UNIVERSITY**

Medical facilities including Ferris Pharmacy Care Clinic are obligated by Federal Law to make a good faith effort to obtain your signature acknowledging that you received a Notice of Privacy Practices. By signing below, I acknowledge that I have received the Notice of Privacy Practices from the Ferris Pharmacy Care Clinic.

Patient Signature

Date

Print Patient's Name

Witness Signature

Date

Documentation of Failure to Obtain Signed Acknowledgement

On _____, 20____, _____ presented this
(Date) (Employee's Signature)
Acknowledgement of Receipt of Notice of Privacy Practices Form to _____
(Patient's Name)
_____. The patient refused to provide a signature when requested.