ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES FORM

**You May Refuse To Sign This Acknowledgment**

I,______________________________________________, have reviewed a copy of DEREK OTT, M.D.’s Notice of Privacy Practices entitled “Derek Ott, M.D. PRIVACY PRACTICES” Form.

__________________________________________ ______________________
(Signature)          (Date)

For Office Use Only

Derek Ott, M.D.’s staff member, ______________________________________ attempted to obtain written acknowledgment of receipt of his/her Notice of Privacy Practices entitled “Derek Ott, M.D. PRIVACY PRACTICES,” but acknowledgment could not be obtained because:

_____ Individual refused to sign

_____ An emergency situation prevented her/him from obtaining the acknowledgment

_____ Other (specify)

This form, our privacy policy, and other useful information can be found at:

www.derekottmd.com