



**Independence Park Medical Services, Inc**  
**HIPAA**  
**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I, *(name of patient)* \_\_\_\_\_, acknowledge and agree that I have received a copy of **Independence Park Medical Services, Inc.'s** notice of **Privacy Practices**.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name of Responsible Party (if applicable)**

\_\_\_\_\_  
**Relationship to Patient**

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**FOR CLINIC USE ONLY:**

**Independence Park Medical Services, Inc.** made the following good faith efforts to obtain the above referenced individual's written acknowledgement of receipt of the Notice of Privacy Practices:

**[Identify the efforts that were made to obtain the individual's written acknowledgement, including the reasons (if known) why the written acknowledgement was not obtained.]**

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