

TEXAS OCCUPATIONAL MEDICINE INSTITUTE

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy of Texas
(Patients Name)
Occupational Medicine Institute's Notice of Privacy Practices.

Please Print Name

Signature

Date

FOR TEXAS OCCUPATIONAL MEDICINE INSTITUTE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)