

**ACKNOWLEDGEMENT  
RECEIPT OF NOTICE OF PRIVACY PRACTICES**

**MONA HARDAS M.D., P.C.**

By signing below, I acknowledge that I have received or been offered the Notice of Privacy Practices from MonaHardas M.D., P.C.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**Documentation of failure to obtain signed acknowledgement**

On \_\_\_\_\_, this Acknowledgement of Receipt of Notice of Privacy Practices Form was presented to, \_\_\_\_\_.  
The patient refused to provide a signature when requested.