



RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN  
ACKNOWLEDGEMENT FORM

I, \_\_\_\_\_, have received a copy of Harnett Health's Notice of Privacy Practices.

If parent signing, please list child's full name(s) and date of birth (DOB):

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\_\_\_\_\_  
Signature of Patient/Parent

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date