

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY  
PRACTICES**

I, \_\_\_\_\_, have received a copy of this the Agency for Persons with Disabilities' Notice of Privacy Practices, APD OGC HIPAA Form #0000 (*Effective date: August 11, 2017*)

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
For Internal Use Only

- Individual refused to sign this receipt
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)\_\_\_\_\_