

**Stavros Center for Independent Living, Inc.**

**HIPAA PRIVACY  
ACKNOWLEDGMENT OF RECEIPT  
OF  
NOTICE OF PRIVACY PRACTICES**

I, \_\_\_\_\_ [Please print full legal name here] (the consumer or the consumer's legal representative) have been presented with the Notice of Privacy Policy ("the Policy") of Stavros Center for Independent Living, Inc. (Stavros), and have been offered a copy of such policy to keep for my records.

\_\_\_\_\_  
Signature of Consumer of Legal Representative

\_\_\_\_\_  
Date

Consumer's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

I, \_\_\_\_\_ [Please print name here], acting as \_\_\_\_\_  
\_\_\_\_\_ [please print job title at Stavros] attempted to obtain the written acknowledgment of receipt of the Stavros Privacy Notice on \_\_\_\_\_ [please print date], but this could not be obtained because:

\_\_\_\_\_ [Please initial] Consumer or legal representative refused to sign.

\_\_\_\_\_ [Please initial] Emergency circumstances prevented securing acknowledgment.

\_\_\_\_\_ [Please initial] Other (please specify \_\_\_\_\_)

\_\_\_\_\_  
Signature of Stavros Representative / Date