

**Las Vegas Transitional Grant Area  
Ryan White Care Services**

**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES  
RECONOCIMIENTO DE RECIBO DE LA NOTICIA DE  
PRACTICAS PRIVADAS**

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**I HAVE RECEIVED A COPY OF THIS OFFICE'S NOTICE OF PRIVACY PRACTICES:  
YO HE RECIBIDO UNA COPIA DE LA NOTICIA DE PRACTICAS PRIVADAS DE ESTA  
OFICINA:**

\_\_\_\_\_  
Please print name (Escriba su nombre, por favor)

\_\_\_\_\_  
Signature (firma)

\_\_\_\_\_  
Date (fecha)

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**FOR OFFICE USE ONLY (PARA USO DE OFICINA SOLAMENTE)**

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A written acknowledgement of Receipt of our Notice of Privacy Practices was attempted; however acknowledgement could not be obtained because:

Individual refused to sign\_\_\_\_\_

Communication barriers prohibited obtaining the acknowledgement\_\_\_\_\_

An emergency situation prevented us from obtaining acknowledgement\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

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