

**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**

**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)

FOR OFFICE USE ONLY (PARA USO DE OFICINA SOLAMENTE)

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: _____
