

**HARBIR MAKIN, MD 3300 PROVIDENCE DRIVE SUITE 114 ANCHORAGE AK  
99508**

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

(Please bring this signed form to our office at the time of your appointment)

I, [name of patient] \_\_\_\_\_, acknowledge and agree that I have received a copy of **Dr. Makin's** Notice of Privacy Practices. ( copy of the privacy practices is also available on our website doctormakin.com )

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Legal Representative (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Legal Representative

\_\_\_\_\_  
Relationship to Patient

**FOR CLINIC USE ONLY:**

**OFFICE OF DR. MAKIN** made the following good faith efforts to obtain the above-referenced individual's written acknowledgement of receipt of the Notice of Privacy Practices:

**[Identify the efforts that were made to obtain the individual's written acknowledgement, including the reasons (if known) why the written acknowledgement was not obtained.]**