

**James A. Fidelibus, Ph.D., Inc.**

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

**This is to acknowledge my receipt of the Notice of Privacy Practices  
from James A. Fidelibus, Ph.D.  
on the following date:**

_____	<b>X</b>	_____
Date		Patient or Personal Representative
		_____
		Patient's Name
		_____
		Name of Personal Representative
		_____
		Representative's Authority to Act

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**GOOD FAITH EFFORT TO OBTAIN  
ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

On \_\_\_\_\_, \_\_\_\_\_ was provided  
(Date) (Patient's name)  
the Notice of Privacy Practices for James A. Fidelibus, Ph.D. & Associates, Inc., and  
offered an explanation of the practices. This notice was not acknowledged by the patient  
for the following reasons: \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
James A. Fidelibus, Ph.D.

\_\_\_\_\_  
Date