

# Hawaii Family Physicians



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## ACKNOWLEDGEMENT OF RECEIPT OF NOTICES OF PRIVACY PRACTICES

I, (print name) \_\_\_\_\_,

have received a copy of Hawaii Family Physicians' notices of privacy practices. \*

I do understand that I may or may not sign this acknowledgement.

Patient's Signature: \_\_\_\_\_  
Date

Witness to patient's signature: \_\_\_\_\_  
Date

### For Staff only

*(Check one if patient does not sign & scan into chart. Place initials and date at bottom of page.)*

We attempted to obtain written acknowledgement of the receipt of our notice of privacy practices but acknowledgement could not be obtained because:

\_\_\_\_\_ Individual refused to sign, \_\_\_\_\_ Communication barriers prohibit patient to sign this acknowledgement, \_\_\_\_\_ An emergency situation prevented us from obtaining this acknowledgement, \_\_\_\_\_ Other (please specify:) \_\_\_\_\_

\* privacy practices can also be viewed online at our website