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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I, _____, have received a copy of this
office's NOTICE of PRIVACY PRACTICES.

Patient Name: _____

Signature of Responsible Party: _____

Date ____/____/____

For Office Use Only

*We attempted to obtain written acknowledgement of receipt of our **Notice of Privacy Practices**, but
acknowledgement could not be obtained because:*

- Individual Refused to Sign*
- Communications barriers prohibited obtaining the acknowledgement*
- An emergency situation prevented us from obtaining acknowledgement*
- Other (Please Specify)*
