



Acknowledgment of Receipt of Notice of Privacy Practices

*****You may refuse to sign the acknowledgement*****

I, _____, have received a copy of this office's Notice of
(Please print patient's name) Privacy Practices.

(Signature of patient or legal guardian)

(Today's 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
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify)