



## 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient or Legal Guardian Signature

\_\_\_\_\_  
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 barrier prohibited obtaining the acknowledgement

\_\_\_\_\_ Emergency situation prevented us from obtaining acknowledgement

\_\_\_\_\_ Other (Please Specify)