



**Acknowledgement of Receipt of
Notice of Privacy Practices**

****You May Refuse to Sign this Acknowledgment****

I, _____, have received a copy of this office's Notice of
Privacy Practices.

(Please Print **Patient (s)** Name)

(Signature)

(Date)

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices,
but acknowledgment 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)
