



## Acknowledgement of Receipt of Notice of Privacy Practices

\* You May Refuse to Sign This Acknowledgment\*

Patient's Name \_\_\_\_\_

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.  
Patient/Parent or Guardian

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

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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)