



## 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 Policies.

---

Patient Name (Print)

---

Signature

---

Date

---

For Office Use Only

---

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

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

---

---

---