



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You may refuse to sign this acknowledgement

I, _____, have reviewed the Notice of Privacy Practices.

Signature of Patient, Parent, Guardian or Personal Representative

Date

Print Name of Patient, Parent, Guardian or Personal Representative

Relationship to Patient

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 acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify): _____

Office Staff Representative #1

Date

Office Staff Representative #2

Date