



**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF
PRIVACY PRACTICES**

You may refuse to sign this acknowledgment.

I, _____, have reviewed a copy of this office's Notice of
Patient's Name
Privacy Practices. Upon my request, a copy will be provided to me.

Patient Name

Patient 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;
- Communication barriers prohibited obtaining the acknowledgement;
- An emergency situation prevented us from obtaining acknowledgment;
- Other (please specify):