

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

“You may Refuse to Sign This Acknowledgement”

I, _____, have reviewed a copy of this
Office’s Notice of Privacy Practices.

Patient Name (Printed): _____

Signature: _____

Date: _____

_____ 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)
