

***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.

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**Please print patient's name**

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**Signature (Patient or Responsible Party)**

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**Date**

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**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**

**Communication barriers prohibited obtaining the acknowledgement**

**An emergency situation prevented us from obtaining acknowledgement**

**Other**

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