

# ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

\*You May Refuse To Sign This Acknowledgement

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.  
(Please Print Name)

Signature of Patient or Legal Gardian \_\_\_\_\_ 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 (Please specify)

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