



ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

****You May Refuse to Sign This Document****

I have read and received a copy of this office's Notice of Privacy Practices.

(Print Name)

(Signature)

(Date)

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but could not be obtained because:

- Individual refused to sign
- Communication barrier prohibited obtaining patient's signature
- An emergency situation prevented us from obtaining patient's signature
- Other (Please Specify)

