



Acknowledgement of Receipt of Notice of Privacy Practices

You may refuse to sign this acknowledgement

I, _____, have received a copy of the Privacy Practices for
this office.
Printed Name

Patient's Signature (Parent/Guardian)

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, however the acknowledgement could not be obtained due to the following:

Individual refused to sign

Barriers in communication prohibited obtaining the acknowledgement

An emergency situation prevents us from obtaining the acknowledgement

Other Please Specify _____