



Acknowledgement of Receipt of Notices of Privacy Practices*

You may refuse to sign this acknowledgement *

I, _____, have received/read a copy of this office's
Notice of Privacy Practices.

Print Name _____

Signature _____ Date _____

For Office Staff Only:

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

- Patient refused to sign
- Communication barriers prohibited obtaining acknowledgement
- Emergency situation prevented us from obtaining acknowledgement
- Other: _____