

## Acknowledgement of Receipt of Notice of Privacy Practices

---

I, \_\_\_\_\_ have received a copy of this office's  
Notice of Privacy Practices.

\_\_\_\_\_  
Name of Patient (PRINT)

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

---

For Office Use Only

---

\_\_\_\_\_  
STAFF WITNESS

\_\_\_\_\_  
DATE

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

- Individual Refusal to sign
  - Communications barrier prohibited the acknowledgement
  - An emergency situation prevented us from obtaining acknowledgement
  - Other (please specify) \_\_\_\_\_
-