



**ACKNOWLEDGMENT OF RECEIPT OF
*NOTICE OF PRIVACY PRACTICES***

****You may refuse to sign this form****

I have received or been offered a copy of this office's *Notice of Privacy Practices*.

Signature

Patient's Name

Date

OFFICE USE ONLY

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

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (be specific)

