



**Acknowledgement of Receipt of 'Notice of Privacy Practices'**

(You may refuse to sign this acknowledgment)

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

Patient/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to patient (Guardian only) \_\_\_\_\_

Please list the names we can give your Personal Health Information (PHI) to (including your spouse):

\_\_\_\_\_  
\_\_\_\_\_

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**For Office Use Only**

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

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other: \_\_\_\_\_

Employee Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_