



## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

Patient's Name: \_\_\_\_\_ Patient's DOB: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

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### For Office Use Only

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