

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

You May Refuse to Sign This Acknowledgement

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

Patient Print Name

Signature of Patient or Guardian

Date

For Office Use Only

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

* Individual refused to sign
* Communication barriers prohibited the acknowledgement
* An emergency situation prevented us from obtaining acknowledgement
* Other (Please Specify)

Witness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_