

## 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.

\_\_\_\_\_  
{Signature}

\_\_\_\_\_  
{Date}

If patient is minor or dependent:

\_\_\_\_\_ Guardian Name  
\_\_\_\_\_ Relationship to Patient  
\_\_\_\_\_ Date

**Information may also be released to:**

<b>Name:</b>	<b>Relationship</b>
_____	_____
_____	_____
_____	_____

### **For Office Use Only**

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

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement.
- An emergency situation prevented us from obtaining acknowledgement.
- Other (Please specify) \_\_\_\_\_