



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

**\*\*You may refuse to sign this acknowledgement\*\***

I, the undersigned patient, have received a copy of this office's Notice of Privacy Practices.

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(Please print name)

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(Signature)

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(Date)

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For Office Use Only

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

- Individual refused to sign
- Communication barriers prohibited obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify

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