



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** for:

Please Print Patient's Name.

Signature of Patient/Parent/Legal Guardian.

Relationship to Patient.

Date

Office Use Only

As Privacy officer, I attempted to obtain written acknowledgement of receipt of Our Notice of Privacy Practices, but acknowledgement could not be obtained:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Explain):

Signature of privacy officer: _____