
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.

Please Print Patient Name

Signature

Date

PLEASE SIGN & RETURN

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement 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)
