



**ACKNOWLEDGMENT OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES**

I acknowledge receipt of this office's Notice of Privacy Practices.

Signature of Patient/Personal Representative

Date:

Printed Name of Patient/Personal Representative

If Personal Representative, relationship to Patient: _____

For Office Use Only

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

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify)
