

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

**\*You May Refuse to Sign This Acknowledgment\***

I, \_\_\_\_\_ (patient), have received a  
PRINT NAME  
copy of this office's Notice of Privacy Practice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**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 acknowledgment**

\_\_\_\_\_ **An emergency situation prevented us from obtaining acknowledgment**

\_\_\_\_\_ **Other(Please Specify)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_