

NOTICE OF PRIVACY PRACTICES - ACKNOWLEDGEMENT OF RECEIPT

_____ received a copy of the **Notice of Privacy Practices** for this office.

Please Print Name

Signature

Date

If Patient Refuses to Sign This Acknowledgement

We were unable to obtain written acknowledgement of receipt of our **Notice of Privacy Practices** because:

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