
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. I acknowledge that I have had the full opportunity to read the Notice of Privacy Practices.

[Note: If there is more than 1 patient in same family, please list ALL patients]

Patient Name

Patient's Parent or Guardian/ Relationship to Patient (if patient is under 18)

Signature of Patient/ Patient's Parent or Guardian (if patient is under 18)

Date

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
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify)

