



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

Patient Account Number: _____

I, _____, have received a copy of this office's Notice of Privacy Practice.

Please Print Name

Signature

Date

For Office Use Only

We have attempted to obtain a written acknowledgement of receipt of our Privacy Practice, 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)
