



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT

NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____

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

SIGNATURE: _____

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 prohibit obtaining acknowledgement
- _____ An emergency situation prevented us from obtaining acknowledgement
- _____ Other (Please Specify) _____