

## Acknowledgment of Receipt of Notice of Privacy Practices

\*\*You may refuse to sign this acknowledgment

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.  
(Patient's Name or Parent or Guardian if under 18 years of age)

\_\_\_\_\_  
Please Print Patient's Name

\_\_\_\_\_  
Signature (Parent or Guardian if under 18 years of age)

\_\_\_\_\_  
Date

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### For Office Use Only

We attempted to obtain written acknowledgment receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- Other (Please Specify)