



## Acknowledgement of Receipt of Notice of Privacy Practices

*\* You May Refuse to Sign This Acknowledgement \**

I, \_\_\_\_\_, have received a copy of this office's  
*(Please Print Name)*  
Notice of Privacy Practices.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If this Acknowledgement is signed by a personal representative on behalf of the patient, please complete the following:

Personal Representative's Name:

\_\_\_\_\_

Relationship to Patient:

\_\_\_\_\_

\_\_\_\_\_  
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;
- Communications barriers prohibited obtaining the acknowledgement;
- An emergency situation prevented us from obtaining acknowledgement;
- Other (please specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_