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**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  
(Please Print Your Name)

Practices and have been provided an opportunity to review it.

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Patient's date of birth

\_\_\_\_\_  
Signature of Parent, Guardian or Personal Representative

\_\_\_\_\_  
Date

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***For Office Use Only***

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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) \_\_\_\_\_

\*A copy of this office's Notice of Privacy Practices is provided for you at the reception desk.