



**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

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 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.