



## Acknowledgement of Receipt of Notice of Privacy Practices

Acknowledgement of Receipt of its Notice of Privacy Practices or document its good faith effort to obtain that acknowledgement.

\* You may refuse to sign this acknowledgement \*

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

Print Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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 the acknowledgement

\_\_\_ Other (please specify)

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