



305 Sunrise Center
PO Box 2852
Zanesville OH 43701
P: 740-562-6868
F: 740-205-8661

Acknowledgment of receipt of Notice of Privacy Practices

"YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGMENT"

Patient Name: _____

I have been informed of this office's Notice of Privacy Practices.

Print Name _____

Signature _____ Date ___/___/_____

FOR OFFICE USE ONLY

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

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (please specify)
