

ACKNOWLEDGMENT 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 Practices.

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Please Print Name

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Signature

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Relationship to Patient

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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)

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