ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have been offered the opportunity to receive a copy of this office's Notice of Privacy Practices.

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
- € Communications barriers prohibited obtaining the acknowledgement
- € An emergency situation prevented us from obtaining acknowledgement
- € Other (Please Specify)

_____
_____
_____