

**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 Policy.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name(s)

**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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_