

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 practices.

Signature _____

Date _____

Office Use Only

We attempted to obtain written Acknowledgement of our receipt of our notice of Privacy Practices acknowledgment could not be obtained.

- Patient refused to sign
- Communication Barriers prohibited
- An emergency situation prevented getting the acknowledgement
- Other(specify)_____