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.

Please Print Name of Patient

________________________________________________

Patient Signature (Parent or guardian if patient is minor)

_________________________________________________________

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)

_________________________________________________________

_________________________________________________________

_________________________________________________________

(This Form is educational only, does not constitute legal advice, and covers only federal, not state, law in effect or proposed March 27, 2002. Subsequent law changes may require Form revision.)