



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You may refuse to sign this acknowledgment

I, _____, have received a copy of this office's Notice of Privacy Practices.

***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
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify)

List any individuals you allow us to disclose personal/health information with (including but not limited to diagnoses, labs, prognosis, treatment, billing, personal contact information, and all conditions)

NAME/DOB	CONTACT PHONE NUMBER	RELATIONSHIP TO PATIENT

***SIGNATURE OF PATIENT/PARENT/LEGAL GUARDIAN**

***DATE**