



ACKNOWLEDGMENT 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, which is also posted on the bulletin board in the reception area.

Please print your name

Signature

Date

- Please print additional name(s) of person(s) that you would like to be able to have access to your records when not in your presence.

Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- | | |
|--|-------|
| It was emergency treatment | _____ |
| I could not communicate with the patient | _____ |
| The patient refused to sign | _____ |
| The patient was unable to sign because | _____ |
| Other (please describe) | _____ |

