



## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE PRIVACY PRACTICES

I hereby acknowledge that I have received a copy of the Notice of Privacy Practices. The notice describes how my health information may be used or disclosed and outlines my rights with respect to such information. I understand that I should read it carefully.

\_\_\_\_\_  
(please print patient's name)

\_\_\_\_\_  
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, parent or guardian refused to sign
  - Communications barriers prohibited obtaining the acknowledgement
  - An emergency situation prevented us from obtaining acknowledgement
  - Other (specify) \_\_\_\_\_
- \_\_\_\_\_