



Acknowledgement of Receipt - Notice of Privacy Practices

I have received a copy of this office’s Notice of Privacy Practices, which is detailed below.

\_\_\_\_\_  
Signature of the Patient or Responsible Party

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Person we have permission to release your information to: ( if there is no one you wish to release your information to write “n/a”)

\_\_\_\_\_  
Print Name

**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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_