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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT

I, _____, hereby acknowledge that I have received and reviewed a copy of the Practice's Notice of Privacy Practices. I have been given the opportunity to ask any questions that I have regarding this notice.

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 of the following:

- ___ Individual refused to sign
- ___ Communication barrier prohibited obtaining the acknowledgement
- ___ An emergency situation prevented us from obtaining acknowledgement.
- ___ Other: _____

Please include your email address: _____

(This is for office use only.)