



## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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*You May Refuse to Sign This Acknowledgement*

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

\_\_\_\_\_  
*please print patient's name*

\_\_\_\_\_  
*signature of parent/responsible party*

\_\_\_\_\_  
*today's 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 acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Minor child was given the form to be signed by a parent
- Other (please specify)

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