



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

- You may Refuse to Sign This Acknowledgement

I, _____, have reviewed a copy
of this office's NOTICE OF PRIVACY PRACTICES.

Please Print Name _____

Signature _____

Date _____

You may share my personal information with the following person/persons:

For Office Use Only

We've 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 barrier prohibited obtaining acknowledgement
- An emergency situation
- Other (specify) _____