ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

*You May Refuse to Sign this Acknowledgement*

I, _________________________________, have received a copy of this office’s Notice of Privacy Practices.

_________________________________
Please Print 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 refused to sign
☐ Communication barriers prohibited obtaining the document
☐ An Emergency situation prevented us from obtaining acknowledgement
☐ Other (Please Specify) _______________________________________________________

_________________________________

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