



## ACKNOWLEDGEMENT OF RECEIPT OF OUR NOTICE OF PRIVACY PRACTICES

**Purpose:** This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

I \_\_\_\_\_ have received a copy of this office's Notice of Privacy Practices. (Please print name above) **\*\*You have the right to refuse to sign this document\*\***

\_\_\_\_\_  
(Signature) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date: \_\_\_\_\_

### Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but the acknowledgement could not be obtained because:

- \_\_\_\_ The patient or individual refused to sign this document
- \_\_\_\_ Communications conflicts prohibited us from obtaining the acknowledgement
- \_\_\_\_ An emergency situation prevented us from obtaining acknowledgement
- \_\_\_\_ Other (Please Specify)

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