



Acknowledgement of Receipt of Notice of Privacy Practices

* You May Refuse to Sign This Acknowledgment*

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

Print Patient Name _____

Signature _____

Date _____

**IF THIS CONSENT IS SIGNED BY A PARENT/GUARDIAN/REPRESENTATIVE ON BEHALF OF THE PATIENT,
COMPLETE THE FOLLOWING:**

PARENT/GUARDIAN/REPRESENTATIVE NAME _____

RELATIONSHIP TO PATIENT _____

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
 - Communications barriers prohibited obtaining the acknowledgement
 - An emergency situation prevented us from obtaining acknowledgement
 - Other (Please Specify)
- _____
