



Patient Acknowledgement & Receipt of Privacy Practices

\*\*\*YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT\*\*\*

(keep in medical record)

I, \_\_\_\_\_, have read and received a copy of the  
aforementioned practice's Notice of Privacy Practices.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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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

\_\_\_\_\_ Other \_\_\_\_\_