

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

		(Patient's Name - Please Print)		
□ Parent □ Legal Guardian Signature Date For Office Use Only We attempted to obtain written acknowledgement of receipt of our Notices of Privacy Practices, but acknowledgement could not be obtained because: □ Individual refused to sign	ce of Privacy Practice	eived a copy of this office's Notice		
□ Legal Guardian Signature Date For Office Use Only We attempted to obtain written acknowledgement of receipt of our Notices of Privacy Practices, but acknowledgement could not be obtained because: □ Individual refused to sign			ase indicate your relationship to the patient:	
For Office Use Only We attempted to obtain written acknowledgement of receipt of our Notices of Privacy Practices, but acknowledgement could not be obtained because: Individual refused to sign				
We attempted to obtain written acknowledgement of receipt of our Notices of Privacy Practices, but acknowledgement could not be obtained because: Individual refused to sign		Date	Signature	
Privacy Practices, but acknowledgement could not be obtained because: Individual refused to sign		Jse Only	For Office	
☐ Individual refused to sign	Notices of	edgement of receipt of our No	We attempted to obtain written acknow	
	ause:	could not be obtained becau	Privacy Practices, but acknowledgeme	
☐ Communications barriers prohibited obtaining the acknowledgement			Individual refused to sign	
		the acknowledgement	Communications barriers prohibited obtain	
An emergency situation prevented us from obtaining acknowledgement		taining acknowledgement		
☐ Other (Please specify)			Other (Please specify)	