



## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

\_\_\_\_\_  
(Patient's Name - Please Print)

I \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.  
(Patient's or Responsible Party)

Please indicate your relationship to the patient:

- ☐ Parent  
☐ Legal Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### For Office Use Only

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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  
☐ Communications barriers prohibited obtaining the acknowledgement  
☐ An emergency situation prevented us from obtaining acknowledgement  
☐ Other (Please specify)
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_