

Acknowledgment of Receipt of Notice of Privacy Practices

I, _____, have received a copy of this Office's Notice of Privacy Practices.

Patient name: _____

Signature: _____ **Date:** _____

It is your right to refuse to sign this document

For Office Use Only:

The reason that a standard acknowledgment (such as the above) of the receipt of the Notice of Privacy Practices was not obtained:

Patient refused to sign.

Communication barriers prohibited obtaining the acknowledgment.

An emergency situation prevented this office from obtaining it.

Others: _____