



ACKNOWLEDGEMENT OF RECEIPT
NOTICE OF PRIVACY PRACTICES

Patient Name: _____

Parent Name (if applicable): _____

Address: _____

Phone: _____

I have received a copy of the Notice of Privacy Practices for the above named practice.

Patient/Parent Signature: _____

Date: _____

For Office Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- An emergency existed and a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for signature by return mail.
- Unable to communicate with the patient for the following reason: