



Committed to delivering high-quality care.

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## Acknowledgement of Receipt of Notice of Privacy Practices

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\* You may refuse to sign this acknowledgement\*

I, \_\_\_\_\_, have read and understand this office's Notice of Privacy Practices.

\_\_\_\_\_  
Please print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
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
- Communications barriers prohibited obtaining the acknowledgement
- Other (Please Specify):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_