

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You may refuse to sign this Acknowledgement*

I hereby acknowledge that I have read and fully understand the contents of this Privacy document, and I have been given the opportunity to ask any and all questions.

*By signing below, I acknowledge that I have read and understand this practices Notice of Privacy Practices

Patient Name: _____x

Patient Signature: _____x

Date: ___/___/___

If the patient is a minor,

Guardian's relationship to patient:

*By signing below, I acknowledge that I have read and understand this practices Notice of Privacy Practices

Patient Name: _____x

Guardian Name: _____x

Guardian Signature: _____x

Date: ___/___/___

For Office Use Only

We attempted to obtain written acknowledgment of receipt of Notice of Privacy Practices, but the acknowledgment could not be obtained because:

- Individual refused to sign.
- Communication barriers prohibited obtaining the acknowledgment.
- The emergency situation prevented us from obtaining the acknowledgment
- Other (specify)