 **ACKNOWLDEGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

\*YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT\*

I, , have received a copy of this office’s notice of privacy practices.  
(Parent or guardian name ONLY if patient is under the age of 18 years old)

**Please Print Name:**  
 (Parent or guardian name ONLY if patient is under the age of 18 years old)

**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

? An emergency situation prevented us from obtaining acknowledgement

? Other (please specify):