

**Acknowledgment of Receipt of  
Notice of Privacy Practices**

*\*You may refuse to sign this acknowledgment\**

I, \_\_\_\_\_ have received a copy of this office's Notice of Privacy Practices.

**INDIVIDUALS AUTHORIZED TO RECEIVE INFORMATION REGARDING YOUR HEALTH CARE AND  
TREATMENT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---

**For Office Use Only**

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment cannot be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledge
- An emergency prevented us from obtaining acknowledgement
- Other (please specify)

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