

**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)

