

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY POLICIES
AND PRACTICES**

-You May Refuse to Sign this Acknowledgement-

I, _____,

(Print first and last name of recipient/patient)

have received a copy of this office's Notice of Privacy Policies and Practices.

Patient Signature: _____ Date: _____

For Office Use Only

An attempt was made to obtain written acknowledgement of receipt of the Notice of Privacy Policies and Practices, but acknowledgement could not be obtained because:

The patient refused to sign.

Communication barriers prohibited obtaining the acknowledgement.

An emergency situation prevented me from obtaining acknowledgement.

Other (Please Specify):

Clinician's Signature: _____ Date: _____