



Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name _____

Patient Address _____

I have received a copy of the Notice of Privacy Practices for the above named practice.

Signature Date

FOR OFFICE USE ONLY

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- An emergency existed and a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with the patient for the following reason:

Other _____

Prepared By _____

Signature _____

Date _____