



**Acknowledgement of Receipt  
Of Notice of Privacy Practices**

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

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

\_\_\_\_\_  
**Signature** **Date**

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**For Office Use Only**

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

- An emergency existed & a signature was not possible at the time.
- The individual refused to sign.
- Unable to communicate with the patient for the following reason:

\_\_\_\_\_  
Other: \_\_\_\_\_  
\_\_\_\_\_

Prepared By \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_