

Acknowledgement of Receipt of Notice of Privacy Practices

You May Refuse to Sign This Acknowledgement

I, _____, have received or have been offered a copy of this office's privacy practices.

Signature

Date

Regarding my:

- Treatment
- Diagnosis
- Financial Responsibility
- All of the above

***** For Office Use Only*****

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement