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## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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\* You May Refuse to Sign This Acknowledgement \*

I, \_\_\_\_\_, have received a copy  
of this office's Notice of Privacy Practices.

Office **CAN NOT** release any information to anyone but the patient unless the name(s)  
is listed below :

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Please Print Name

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Signature

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Date

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### FOR OFFICE USE ONLY

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

Individual refused to sign

Communications barriers prohibited obtaining the acknowledgement

An emergency situation prevented us from obtaining acknowledgement

Other (Please Specify) \_\_\_\_\_

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