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## ACKNOWLEDGEMENT OF RECEIPT NOTICE OF PRIVACY PRACTICES

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Patient Name

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Parent Name (if applicable)

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Address

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Phone

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

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Patient/Parent Signature

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