



ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I, _____ have received a copy of the Notice of
(Patients Name)

Privacy Practices.

Personal Representative (Parent/Guardian)

Relationship to Patient

Signature

Date

For Office Use Only

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

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

