



ACKNOWLEDGEMENT OF RECEIPT
NOTICE OF PRIVACY PRACTICES

Patient Name

Parent Name (if applicable)

Address

Phone

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

Patient/Parent Signature

Date

For Office Use Only

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:
-