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ACKNOWLEDGEMENT OF RECEIPT  
NOTICE OF PRIVACY PRACTICES

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\_\_\_\_\_  
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

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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:
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