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| **Acknowledgement of Receipt of Notice of Privacy Practices** |

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| Patient Name & Address: |
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#

I have received a copy of the Notice of Privacy Practices.

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|  |  |
| Signature | Date |

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| For Office Use Only |

**We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:**

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

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|  |

* Other:

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| Prepared by: |  |
| Signature: |  |
| Date: |  |