



\* You May Refuse to Sign This Acknowledgment\*

**I have received a copy of this office's Notice of Privacy Practices.**

Print Patient Name: \_\_\_\_\_

Signature of Patient or Guardian:

\_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

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

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

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