

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, have reviewed a copy of this Office's Notice of Privacy Practices.

Signature

Date

Printed Name

(Optional) I also give permission to this office to discuss my care with:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Signature

Date

OFFICE USE ONLY

We attempted to obtain written acknowledgment of Notice of Privacy Practices but were unable to obtain written acknowledgement because (initials):

_____ Individual refused to sign

_____ Communication barriers prohibited acknowledgment

_____ Other: _____