



Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name & Address:

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

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 & 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:

☐ Unable to communicate with the patient for the following reason:

☐ Other:

☐ Other:

Prepared by:	
Signature:	
Date:	