

Acknowledgement of Receipt of Notice of Privacy Practices

** You may refuse to sign this acknowledgement. **

| I,, have received a copy of this office's Notice of Privacy Practice |
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|--|

If minor child, child's name ______ Relationship_____

| Name (Please pr | int) | | |
|-----------------|------|------|------|
| Signature | | | |
| 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 acknowledgement

An emergency situation prevented us from obtaining acknowledgement

Other _____