

Notice of Privacy Practices

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

Patient/Parent Signature

Print Name/Date

FOR OFFICE USE ONLY:

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

1. Individual refused to sign
2. Communication barriers prohibited obtaining the acknowledgement.
3. An emergency situation prohibited obtaining the acknowledgement.
4. Other (please specify): _____.