

# Acknowledgment of Receipt of Notice of Privacy Practices

I hereby acknowledge that I have received or have been given the opportunity to receive/review a copy of Notice of Privacy Practices. By signing below I am “only” giving acknowledgment that I have received or have been given the opportunity to receive/review this organization’s Notice of our Privacy Practices.

\_\_\_\_\_  
Patient Name (Type or Print)

\_\_\_\_\_  
Patient’s Date of Birth

\_\_\_\_\_  
Signature of Patient or Parent/Legal Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name of parent/legal guardian if signing for patient

## **FOR OFFICE USE ONLY**

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

- Individual refused to sign
- Communications barriers prohibited obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify): \_\_\_\_\_

Notes: \_\_\_\_\_