



Acknowledgement of Receipt of Notice of Privacy Practices

Patients (please list all children in family)

Name Date of Birth

Name Date of Birth

Name Date of Birth

Name Date of Birth

I have received a copy of the Notice of Privacy Practices for the above named practice.

Signature Date

Relationship to Patients

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:

- Other: _____

Prepared By: _____

Signature: _____

Date: _____