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 | of Privacy F | | |
| | Please Pr | rint Name | |
| | Signature | 2 | |
| | Date | | |
| | | For Office Use Only | |
| | | otain written acknowledgement of receipt of our Notice of Privacy Practices, but could not be obtained because: | |
| | | ☐ Individual refused to sign | |
| | | Communications barrier prohibited obtaining the acknowledgement | |
| | | An emergency situation prevented us from obtaining acknowledgement | |
| | С | Other (Please Specify) | |
| | <u>-</u> | | |
| | | Disclosure of Health Information Log | |
| <u>Date</u> | | Disclosed To: | |
| | | | _ |
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