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 P	rivacy Practice.
P	lease Print Patient's Name
S	ignature (Self/Responsible party if minor)
	Pate
	For Office Use Only
	ed to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but gement could not be obtained because:
	☐ Individual refused to sign
	☐ Communications barrier prohibited obtaining the acknowledgement
	☐ An emergency situation prevented us from obtaining acknowledgement
	☐ Other (Please Specify)
	Disclosure of Health Information Log
<u>Date</u>	Disclosed To:
n.t	