
ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICE

* You May Refuse to Sign This Acknowledgement*

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

Please Print Name

Signature

Date

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

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)

The person(s) listed below can also receive any information concerning the above patient. They will also be able to pick up necessary prescription(s), x-rays and lab slips.

Name _____
Relationship _____
Phone No. _____

Name _____
Relationship _____
Phone No. _____

Name _____
Relationship _____
Phone No. _____

Name _____
Relationship _____
Phone No. _____

The above information was provided by:

Patient/Parent or legal guardian signature

Date