

Acknowledgement of Notice of Privacy Practices

You may refuse to sign this Acknowledgement

I have read a copy of this office's Notice of Privacy Practices on paper or electronically (for example, on a computer screen or tablet).

I am aware that I may request a hard paper copy of this Notice of Privacy Practices today.

Print Name of Patient

Date

Signature of the Patient or Parent if for a minor

Date

FOR OFFICE USE ONLY—If Unable to Obtain Acknowledgement

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:

