



---

**Acknowledgement of Receipt  
Of Notice of Privacy Practices**

---

Patient Name

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

---

**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 \_\_\_\_\_

---