

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, have been given access to a copy of this
(responsible party name)

office's Notice of Privacy Practices.

Print patient name

Responsible party signature

Date

=====

For office use only

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 acknowledgement

An emergency situation prevented us from obtaining acknowledgement

Other (please specify) _____