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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

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

_____ Please Print Responsible Party Name

_____ 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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)
