

**ACKNOWLEDGEMENT OF RECEIPT
NOTICE OF PRIVACY PRACTICES**

*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 RECEIPTS of
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)

FOR OFFICE USE ONLY