

**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.

X _____

For office Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- An emergency existed and 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: _____