

ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

Patient name (Please print)

Signature (Patient or responsible party)

Date

Persons, other than yourself, with whom we may discuss your account

For The Use Of The Office 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 acknowledge we offered a copy of privacy practices.
- Communications barrier prohibited obtaining the acknowledgement.
- An emergency situation prevented us from obtaining acknowledgement.
- Other (please specify)
