

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

You may refuse to sign this acknowledgement

I, \_\_\_\_\_ have received a copy of this office's HIPAA policy.

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Guardian Printed Name (if applicable)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Guardian Signature (if applicable)

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but the acknowledgement could not be obtained because (circle one):

- individual refused to sign
- communication barriers prohibited obtaining the acknowledgement
- an emergency situation prevented us from obtaining the acknowledgement
- other (please specify) \_\_\_\_\_