

Acknowledgement of Receipt

Notice of Privacy Practices

Purpose: This form is used to obtain acknowledgement that you have been notified that our **NOTICE OF PRACTICE POLICIES** can be obtained via our office.

HIPAA website:

You May Refuse to Sign This Acknowledgement*

I have received acknowledgement of this offices Notice of Privacy Practices.

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)
