Acknowledgement of Receipt of Notice of Privacy Practice

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have received a copy of this Office's Notice of Privacy Practices.

Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

It is your right to refuse to sign this document

**For Office Use Only:**

**The reason that a standard acknowledgment (such as the above) of the receipt of the Notice of Privacy Practices was not obtained:**

**\_\_\_\_\_\_\_\_\_ Patient refused to sign.**

 **\_\_\_\_\_\_\_\_\_ Communication barriers prohibited obtaining the acknowledgement.**

**\_\_\_\_\_\_\_\_\_ An emergency situation prevented this office from obtaining it.**

**\_\_\_\_\_\_\_\_\_ Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**