

Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name: _____

Patient Address: _____

I have received a copy of the Notice of Privacy Practices for the above named practice.

Signature: _____

Date: _____

FOR OFFICE USE ONLY

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

- An emergency existed & 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: _____