
ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

You may refuse to sign this acknowledgement

I, _____, have been informed of this office's privacy practices.
(Privacy Policy available to read thoroughly upon request)

Patient Name

Signature of Patient or Guardian

Date

Please list anyone with permission to access your records:

_____ _____
_____ _____

For Office Use Only

We attempted to obtain written acknowledgment of our Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other:

