

ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

“You may refuse to sign this”

I, _____, have received a copy of this offices’ Notice
of Privacy Practices.

Please print name

Signature

Date

FOR OFFICE USE ONLY

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

- ❖ Individual refused to sign
- ❖ Communication barriers prohibited obtaining the acknowledgement

Witness Name (employee)

Date

Dr. Cook

Date