

# **Acknowledgement of *Receipt* of “Notice of Practice Policies on Patient Privacy”**

## **Patient Acknowledgement**

“You Have the Right to Refuse to Sign this Acknowledgement”

Please sign this form below to acknowledge that you have *today* received a copy of the “Notice of Privacy Practices”.

**I acknowledge that I have *today* received a copy of the “Notice of Privacy Practices”.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Patient Name (please print)

\_\_\_\_\_  
Date

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### **For Office Use Only**

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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) \_\_\_\_\_

\_\_\_\_\_  
Office Personnel Signature

\_\_\_\_\_  
Office Personnel Name (please print)

\_\_\_\_\_  
Date

**File** in Patient's Records Folder