



**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES (HIPAA)**

*\*You may refuse to sign this acknowledgment*

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

\_\_\_\_\_  
*Please Print Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**FOR OFFICE USE ONLY**

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

- \_\_\_\_\_ **The individual refused to sign**
- \_\_\_\_\_ **Communications barriers prohibited obtaining the acknowledgment**
- \_\_\_\_\_ **Other (Please Specify)**