

Acknowledgement of Receipt of Notice of Privacy Practices (for patient or parent/guardian if minor)

**** You May Refuse to Sign This Acknowledgement****

I _____, hereby acknowledge that I am aware of this office's HIPAA Notice of Privacy Practice and have been provided with an opportunity to review it.

Patient's Name

Signature (parent/guardian if minor) Date

For Office Use Only

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
- Communication barriers

- Emergency situation prevented acknowledgement
- Other _____