



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

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

Print Name: _____ Date: _____

Signature: _____ Phone: _____

If a personal representative or guardian signs this consent on behalf of the patient, complete the following:

Personal Representative/Guardian Name: _____

Relationship to patient: _____ Phone: _____

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 prohibited it
- ⊖ An emergency situation prevented it
- ⊖ Other (Please Specify)

