

**ACKNOWLEDGMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

By signing below I acknowledge that I have received a copy of this office's Notice of Privacy Practices.

Patient name: _____

Patient Signature _____

Date: _____

Documentation of Failure to Obtain Signed Acknowledgement

On _____, 201__ , _____ presented this

Acknowledgment of Receipt of Notice of Privacy Practices Form to:

_____, the Patient.

The Patient refused to provide a signature when requested: _____
(Witness & Date)