

# 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