



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Purpose: This form is used to obtain acknowledgement that you have been notified that our NOTICE OF PRACTICE POLICIES can be obtained from our office.

****You May Refuse to Sign this Acknowledgement****

I, _____ have received a copy of this office Notice of Privacy Practices, and you may disclose and discuss my treatment with:

- Entire immediate family
- Spouse Only
- Other _____
- None

Signature: _____ 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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify): _____