

You May Refuse to Sign This Acknowledgement

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

PLEASE PRINT NAME

SIGNATURE

DATE

PATIENT ID#

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Practices, but acknowledgment 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)

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