

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF
PRIVACY AND SECURITY PRACTICES**

I, _____ have received a copy of this
PRINT NAME OF PATIENT

office's Notice of Privacy and Security Practices.

SIGNATURE OF PATIENT OR PARENT/ GUARDIAN

DATE

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy and Security Practices, but acknowledgement could not be obtained because:

- **Individual refused to sign**
- **Communication barriers prohibited obtaining acknowledgement**
- **An emergency situation prevented us from obtaining acknowledgement**
- **Other (please specify)**

