



**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
(HIPAA FORM)**

****Patient may refuse to sign this acknowledgement****

_____ has reviewed a copy of this office's Privacy Practices
(Please Print Name)

(Signature)

(Date)

(Cell #)

(Home #)

*****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

_____ Communication barriers prohibited obtaining the acknowledgement

_____ An emergency situation prevented us from obtaining acknowledgement

_____ Other (please specify below)