
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

* You May Refuse to Sign This Acknowledgement *

I, _____, have received a copy of this office's Notice of Privacy practices. I acknowledge that I have had the full opportunity to read the Notice of Privacy Practices.

[NOTE: If there is more than 1 patient in same family, please list ALL patients]

Patient Name

Patient's Parent or Guardian/Relationship to Patient

Signature of Parent or Guardian or Responsible Party

Date

FOR OFFICE USE ONLY – Where Responsible Party/Parent/Legal Guardian Does NOT Sign

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
- ___ Emergency situation prevented us from obtaining acknowledgement
- ___ Other (Please Specify) _____

Signature of Office Representative (only if Acknowledgement not signed above).