ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

l,		, have received a copy of th this office's Notice of Privacy Practices.
	Please	Print Name}
	{Signatu	ure}
	{Date}	
	If this A	cknowledgement is signed by a personal representative on behalf of the patient, complete the following:
	Person	al Representative's name
	Relation	nship to Patient
		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)

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