

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF
PRIVACY PRACTICES**

I, _____, have received a copy of the Notices
(print name)

of Privacy Practices. My signature below means only that I
acknowledge receipt of this document. You do, however, maintain
the right to refuse to sign this form.

Signature

Date

FOR PROFESSIONAL USE

- No signature above for the following reason:
- Individual refused to sign
- Communication barrier prohibited obtaining a signed
acknowledgement
- Emergency services prohibited obtaining a signed
acknowledgement
- Specify other Reason _____