



Acknowledgement of Review of Notice of Privacy Practices

I have reviewed this office's notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Signature of Patient or Legal Guardian

Date

Name of Patient or Legal Guardian

Relationship to Patient

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

Individual
resign

For Office Use Only

Individ-
fused to

Commu-

communication barriers prohibited obtaining the acknowledgment

An emergency situation prevented us from obtaining acknowledgment

Other (please specify)