

**ACKNOWLEDGMENT OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES**

By signing below I acknowledge that I have received a copy of this office's Notice of Privacy Practices Form.

Witnesses:

Patient's Signature

Patient's Name (Print)

Date

Documentation of Failure to Obtain Signed Acknowledgement

On _____ presented this Acknowledgment of Receipt of Notice of Privacy
(Date)

Practices Form to _____
(Patient's Name)

The patient refused to provide a signature when requested.