



Acknowledgement of Receipt for 'HIPAA Notice of Privacy Practices'

I, _____, have received a copy of the 'Notice of Privacy Practices'.
(Name of patient or legal guardian if patient is a minor or dependent adult)

(Signature of patient or legal guardian)

(Relationship to patient)

(Date)

For office use only

***A written signature of this form was attempted but could not be obtained because:**

- Individual refused to sign
- An emergency situation prevented obtaining this acknowledgment
- Other: _____