## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Notice to Patient:	
We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice. You may refuse to sign this acknowledgement, if you wish.	
I acknowledge that I have received a copy of this offic	e's Notice of Privacy Practices.
Please print your name here	
Signature	
Date	
FOR OFFICE USE ONLY	
We have made every effort to obtain written acknowle from this patient but it could not be obtained because:	
<ul> <li>The patient refused to sign.</li> <li>Due to an emergency situation it was not possible</li> <li>We weren't able to communicate with the patient.</li> <li>Other (Please provide specific details)</li> </ul>	to obtain an acknowledgement.
Employee signature	 Date