

Acknowledgment of Privacy Practices

I, _____, have reviewed and/or received a copy of this office's Notice of Privacy Practices
(please print name)

Signature of Patient, Parent or Guardian

Date

OFFICE USE ONLY BELOW THIS LINE

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but
acknowledgement could not be obtained for the following reason:

- ☐ Communication Barrier
☐ Other (Please Specify)