ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES *YOU MAY REFUSE TO SIGN THIS ACKNOWEDGEMENT*

I	•	have received a copy of this	
Offi	ice's Notice of Privacy Practices.		
	3.		
	Please Print Patient Name		
	Signature (Guardian)	Date	
FOR C	OFFICE USE ONLY:		
We atte	tempted to obtain written acknowledgement of receipt of our sed because:	Notice of Privacy Practices, but acknowledgement could not be	
	Individual refused to sign		
	Communications barriers prohibited obtaining the acknowledgement		
	An emergency situation prevented us from obt	aining acknowledgement	
	Other (please specify)		
	(
PLE	ASE LIST ANYONE WITH WHOM	WE MAY DISCUSS YOUR ACCOUNT	
	TREATMENT:		
		No.	