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## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

*\*You May Refuse To Sign This Acknowledgement\**

I, \_\_\_\_\_, have received a copy of  
(Print Name)

this Office's Notice of Privacy Practices.

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

My protected health information may be released to:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Emergency Contact: (if you would like this person to have access to your protected health information, please include their name above):

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

### For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

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