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Patient
Acknowledgement of Receipt
of Notice of Privacy Practices

I have received a copy of this office's Notice of Privacy Practices.

Print Name: _____

Signature: _____ Date: _____

Note: You may decline from Signing this Acknowledgment

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:

- | | |
|---|---|
| <input type="checkbox"/> Individual refused to sign | <input type="checkbox"/> An emergency situation prevented us from obtaining acknowledgement |
| <input type="checkbox"/> Communications barriers prohibited obtaining the acknowledgement | <input type="checkbox"/> Other (Please Specify) |

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