



**ACKNOWLEDGEMENT OF PRIVACY PRACTICES**

I have received a copy of the *Notice of Privacy Practices*.

---

(Please Print Name)

---

(Patient Name)

---

(Patient or Parent/Guardian Signature)

---

(Date)

My health records may be shared with \_\_\_\_\_  
(Example: spouse, family member, etc.)

---

**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)
-