



## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

\_\_\_\_\_  
Please print Parent or Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Patient Name (If not listed above)

\_\_\_\_\_  
Date

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### 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)