

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY POLICIES & RELEASE**

I, _____, have received a copy of this
office's Notice of Privacy Policies.

Signature of Patient or Patient's Representative

Printed name of Patient's Representative

Relationship to Patient

Date

For Office Use Only

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

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

