



Notice of Privacy Practice

****You may refuse to sign this acknowledgement****

I have received/read a copy of the offices' Notice of Privacy Practice. With my signature below, I acknowledge that all of my questions were addressed and answered.

Signature -----

Date -----

For office Use Only:

We attempted to obtain written acknowledgement of our Notice of Privacy Practice but could not due to:

Patient refused to sign

Communication barriers prohibited obtaining of the acknowledgement

An emergency situation prohibited obtaining of the acknowledgement

Other (specify)

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