

**Acknowledgement of Receipt of
Notice of Privacy Practices and Material Fact Sheet**

You May Refuse to Sign This Acknowledgment

I, _____, have been offered a copy of this office's Notice of Privacy Practices and Material Fact Sheet.

Print Patient's Name _____

Responsible Party Signature or Patient's signature _____

Date _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices and Material Fact Sheet, but acknowledgement could not be obtained because:

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