



**ACKNOWLEDGMENT OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES**

By signing below I acknowledge that I have received a copy of this office's Notice of Privacy Practices Form.

WITNESSES:

Patient Signature

Date: _____

Documentation of Failure to Obtain Signed Acknowledgement:

On _____, 200__, _____ presented

this Acknowledgment of Receipt of Notice of Privacy Practices form to

_____ (the "Patient"). The Patient refused to provide a

signature when requested.