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**ACKNOWLEDGEMENT OF OFFER OF
NOTICE OF PRIVACY PRACTICES**

You may refuse to sign this acknowledgement

I, _____ have been offered a copy
(Patient's First & Last Name)
of this office's *Notice of Privacy Practices*.

(Please Print Name)

X

(Patient's Signature)

*****For Office Use Only*****

Our office attempted to obtain written acknowledgement of offer of the Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barrier prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other, please specify:
