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ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You may refuse to sign this acknowledgment

I, _____, have received a copy of this office's Notice of
Patient/Parent/Guardian name – Please print
Privacy Practices.

Patient/Parent/Guardian Signature

Date

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A good-faith attempt to obtain written acknowledgment of receipt of our Notice of Privacy Practices was made, but acknowledgment could not be obtained because:

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

Signature (staff member)

Date