**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

\*\*You May Refuse to Sign This Acknowledgement\*\*

I, , have received a copy of this office’s Notice of Privacy Practices.

 **(Please Print Name of Patient or Guardian)**

**(Please Print Name of Patient Being Treated)**

**(Signature of Patient or Guardian)**

**(Today’s Date)**

* The law does not require you to sign the “acknowledgement of receipt of the notice.”
* Signing does not mean that you have agreed to any special uses or disclosures of your health records.
* Refusing to sign the acknowledgement does not prevent the office from using or disclosing health information as the Rule permits it to do.
* If you refuse to sign the acknowledgement, the provider must keep a record that they failed to obtain your acknowledgement.

**For Office Use Only**

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

* Communications barriers prohibited obtaining the acknowledgement.
* Individual refused to sign.
* An emergency situation prevented us from obtaining acknowledgement.
* Other (please specify: