



## **Acknowledgement of Receipt for 'HIPAA Notice of Privacy Practices'**

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I, \_\_\_\_\_, have received a copy of the 'Notice of Privacy Practices'.  
*(Name of patient or guardian)*

\_\_\_\_\_  
*(Signature of patient or legal guardian)*

\_\_\_\_\_  
*(Relationship to patient)*

\_\_\_\_\_  
*(Date)*

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***For office use only***

*A written signature of this form was attempted but could not be obtained because:*

- Individual refused to sign
  - An emergency situation prevented obtaining this acknowledgment
  - Other: \_\_\_\_\_
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