



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I.	, have received a copy of this office	e's
	of Privacy Practices.	. 5
Please	Print Name (Patient/ Parent)	
Signati	ture	
~		
Date Date		_
	For Office use only	
	empted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but wledgement could not be obtained because:	
0	Individual refused to sign	
0	Communications barriers prohibited obtaining the acknowledgement	
0	An emergency situation prevented us from obtaining acknowledgement	
0	Other (Please Specify)	



