



Acknowledgement of receipt of notice of privacy practices

By signing this I acknowledge that I have received a read a copy of the privacy practices dated October 29th 2019.

You may discuss any matter that concerns my health, treatment, or finances with the following people:

Name: _____	Phone number: _____
Name: _____	Phone number: _____
Name: _____	Phone number: _____

You **may** leave messages on my voicemail at: _____

You **may not** leave messages on my voicemail

Patient / Guardian Name (print): _____ Date: _____

Patient / Guardian Signature: _____

For official use only:

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

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (see below)
