

Receipt of Notice of Privacy Practices Acknowledgement

I, _____, acknowledge receiving on _____,
(Print patient name) (Print date)

a copy of HIPAA's Notice of Privacy Practices.

Patient Signature

FOR OFFICE USE ONLY

Attempted to obtain the patient's signature in acknowledgement of this Receipt of Notice of Privacy Practices Acknowledgement, but was **unable** to do so as documented below:

REASON:	Refused to sign (circle if applicable)	Other:
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Staff Initials: _____