



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.

PATIENT NAME: _____ **DATE:** _____

PATIENT AND/OR GUARDIAN SIGNATURE: _____

For patients who need pre-medication only:

I am authorizing this office to call me and remind me to take my pre-medication before my appointment. They may leave a message for me regarding this information at any phone number that I have provided.

PATIENT AND/OR GUARDIAN SIGNATURE: _____

FOR OFFICE USE ONLY:

We attempted to obtain written acknowledgement of receipt of notice of privacy practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prevented obtaining the acknowledgement
- An emergency situation prevented us from obtaining the acknowledgement
- Patient reviewed privacy practices but elected not to take one home
- Other (please specify) _____

EMPLOYEE SIGNATURE: _____ **DATE:** _____