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Acknowledgement of Receipt of Notices of Privacy Practices

Patient's Name _____

Address _____

I have received a copy of the Notice of Privacy Practices for the above named practice.

Signature _____ Date _____

For Office Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- An emergency existed & signature was not possible at the time
- The individual refused to sign
- A copy was mailed with a request for a signature by return mail
- Unable to communicate with the patient for the following reasons:

- Other:

Prepared By: _____

Signature: _____ Date _____

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