

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

(You May Refuse to Sign This Acknowledgement)

I, _____, have received (available on request when checking in at our front desk) a copy of this office's Notice of Privacy Practices.

I understand that I may receive appointment confirmation messages (as well as reminders about premedicating prior to an appointment) via answering machine, voice mail, text message, postcard, or through another member of my household.

(Please Print Name)

Names of Minor Children:

Signature of Patient/Parent

Date

May we discuss your medical or financial information with any member of your family or person? YES or NO

If yes, please name the members allowed:

Name

Phone Number

Name

Phone Number

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**For Office Use Only**  
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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (specify)

_____.