
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.

{Please Print Child's Name}

{Signature}

{Date}

Who may we correspond with regarding Treatment?

- Any immediate member of family Other _____
 Parents only _____

For Office Use Only

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 (Please Specify)
- _____

This Form is educational only, does not constitute legal advice, and covers only federal, not state, law (August 14, 2002).