



## HIPAA PRIVACY FORM

### Acknowledgement of Receipt of Notice of Privacy Practices

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Purpose: This form is to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

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\*\* You may refuse to sign this acknowledgement\*\*

I, \_\_\_\_\_, have received a copy/explanation of this office's Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient/or Guardian

\_\_\_\_\_  
Date

Relationship to Patient:    Self            or Other: \_\_\_\_\_

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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 (such as language barrier) prohibited obtaining the acknowledgement.
- An emergency situation prevented us from obtaining acknowledgement at time of service
- Other (please specify) \_\_\_\_\_