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***ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF  
PRIVACY PRACTICES***

**You May Refuse To Sign This Acknowledgement**

I, \_\_\_\_\_ have reviewed a copy of the office's  
Notice of Privacy Practices.

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Please Print Name

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Patient Signature (or Guardian/Responsible Party if under 18)

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Date

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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, however acknowledgement could not be obtained because:

- . Individual refused to sign
  - . Communication barriers prohibited obtaining the acknowledgment
  - . An emergency situation prevented us from obtaining acknowledgement
  - . Other (Please Specify)
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