



ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

• You May Refuse to Sign This Acknowledgment •

I, _____ , have received a copy of this office's Notice of Privacy Practices.

May we phone to you to confirm appointments or share any information such as treatment plans or financial information?

Yes
No

May we email you to confirm appointments or share any information such as treatment plans or financial information?

Yes
No

May we text you to confirm appointments or share any information such as treatment plans or financial information?

Yes
No

Please list those personal individuals that we may speak with regarding your Health Information outside of this office.

Please list those personal individuals that may accompany your minor and may we discuss treatment with the individuals on your behalf.

Patient signature _____ Printed Name _____

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

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