

# Acknowledgement of Receipt of the Notice of Privacy Practices

**Complete Section 1 if signed by the patient (or personal representative) or Section 2 if a good faith effort to obtain an acknowledgement was made**

**Section 1: I acknowledge that I have received a copy of the Practice's Notice of Privacy Practices:**

Individual's Signature (or Personal Representative)	Date of Signature
Individual's Printed name and Relationship if Personnel Representative	

**Section 2: The Practice made a good faith effort to obtain a written acknowledgment of the individual's receipt of the Notice but a written acknowledgment was not received for the following reason:**

Individual refused to sign.

Individual was not able to sign. (Please specify below):

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Emergency

Other (please specify below):

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Employee's Signature

Date