



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND DISCLOSURE POLICY

You may refuse to sign this acknowledgement

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

I give authorization for you to communicate with:

Name: _____ Phone: _____

Relationship: _____

- ☐ No one other than myself

Authorized to discuss:

- ☐ Financials
☐ Treatment
☐ Scheduling

Printed Name: _____ Signature: _____

Date: _____

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
☐ Communication barriers prohibited obtaining
☐ An emergency situation prevented obtaining
☐ Other _____