



**HIPPAA PRIVACY FORM**  
**Acknowledgement of Receipt of Notice of Privacy Practices**

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**Purpose:** This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or too 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 / 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 a language barrier) prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement at time of service
- Other (Please specify)

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