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*** You May Refuse to Sign This Acknowledgment ***

If you would like a copy of this office's Notice of Privacy Practices, please request one from the Practice Manager at the front desk.

Print Name: _____

Signature: _____

Date: _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices. However, acknowledgement could not be attained due to:

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