

**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

 *(Parent Name Printed)*

Privacy Practices on behalf of my child/children.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Child/Children’s Name(s)

**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

\_\_\_\_\_\_ Communication barriers prohibited obtaining the acknowledgment

\_\_\_\_\_\_ An emergency situation prevented us from obtaining acknowledgment

\_\_\_\_\_\_ Other (Please specify)