



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
(Parent/Guardian Name, Printed)
of Privacy Practices on behalf of my child/children.

Signature (Parent/Legal Guardian)

Date

Child(ren)'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) _____
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