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### Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. Please sign below.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

If not signed by the patient, please indicate: \_\_\_\_\_

“Signed by” Relationship:

- parent or guardian of minor patient
- guardian or conservator of an incompetent patient
- beneficiary or personal representative of deceased patient

Name of Patient: \_\_\_\_\_

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### Notice of Privacy Practices Acknowledgments Tracking Information

Name of Patient: \_\_\_\_\_

Address: \_\_\_\_\_

For Office Use Only:

Date received:	Processed by:
Practice Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Practice Follow-up:

Complete the following only if the Patient declines to sign the Acknowledgment:

Efforts to obtain:

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

Reasons for refusal

\_\_\_\_\_