

**ACKNOWLEDGEMENT OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES**

By signing below I acknowledge that I received a copy of this office's Notice of Privacy Practice Form

Patient Signature

Date

Witness

Date

Documentation of Failure to Obtain Signed Acknowledgement

On _____ 2008, _____ presented this Acknowledgement

Of Receipt of Notice of Privacy Practice Form to _____ ("patient"), The patient

Refused to provide a signature when requested.