



Acknowledgement of Receipt of Notice of Privacy Practices

I may refuse to sign this acknowledgement.

I have received a copy of Notice of Privacy Practices.

Please Print Name

Signature

Date

OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual Refused to Sign
 - Communications barriers prohibited obtaining the acknowledgement
 - An emergency situation prevented us from obtaining acknowledgement
 - Other:
-



Acknowledgement of Receipt of Notice of Privacy Practices

Date: _____

Signature: _____

I, _____, consent for the office
to share my personal information with the following: (family, friends, etc.)

Name / Relationship to Patient:

1. _____ / _____
2. _____ / _____
3. _____ / _____
4. _____ / _____

Date: _____

Signature: _____
(Parent/Guardian)

I, _____, consent for the office to share
the personal information of _____ with the following: (family, friends, etc.)

Name / Relationship to Patient:

5. _____ / _____
6. _____ / _____
7. _____ / _____
8. _____ / _____