

## ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

\*\* You May Refuse To Sign This Acknowledgement\*\*

I have received a copy of this office	e's Notice of Privacy Practices
(Child's Name)	
(Signature of Parent or Guardian)	
(Date)	
********	***For Office Use Only*************
We attempted to obtain written acknowled could not be obtained because:	gment or receipt of our Notice of Privacy Practice but acknowledgment
Individual refused to sign	
Communication barriers prohibit	ted the acknowledgment
An emergency situation prevente	ed us from obtaining acknowledgment
Other (Please Specify):	