



---

**Acknowledgement of Receipt / Entendimiento de recibo del  
Of Notice of Privacy Practices / Aviso de Prácticas de Privacidad**

Patient Name & Address / Nombre de Paciente y Direccion:

---

---

---

I have received a copy of the Notice of Privacy Practices for the above-named practice.

He recibido una copia del Aviso de Prácticas de Privacidad de la clínica mencionada.

---

Signature / Firma \_\_\_\_\_ Date / Fecha \_\_\_\_\_

---

**For Office Use Only**

---

**We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:**

- An emergency existed & a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with the patient for the following reason:  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

Prepared By: \_\_\_\_\_

Signature: \_\_\_\_\_

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

---