

# PRIVACY PRACTICES ACKNOWLEDGMENT



(Retain this page in Patient Records)  
(You May Refuse to Sign This Acknowledgment)

## Privacy Notice Amendment

I have had the opportunity to read the Patient Privacy Notice for this practice. I understand that I may ask for a copy to take with me at any time, and that an appointed person is available to answer any questions that I may have now, or in the future, regarding the use of my Personal Health Information.

Printed Patient Name: \_\_\_\_\_

Patient, Parent/Guardian Signature: \_\_\_\_\_

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

Practice Witness: \_\_\_\_\_

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

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### FOR OFFICE USE ONLY

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

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_