



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

I have reviewed a copy of this office’s Notice of Privacy Practices

Name of Patient

Signature (Patient, Parent or Guardian)

Date

FOR OUR OFFICE USE ONLY

Our office attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained for the following reason:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)

For complaints involving covered entities located in Texas, use the following contact information: Region VI, Office for Civil Rights, U.S. Department of Health and Human Services. 1301 Young Street, Suite 1169, Dallas, TX 75202. Phone: (214) 767-4056; Fax: (214) 767-0432; Telecommunications Display Device (TDD): (214) 767-8940.

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