



**SANBORN
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Acknowledgement of Receipt of Notice of Privacy Practices

You may refuse to sign this acknowledgement

I, _____, have received a copy of this office's Notice of Privacy Practices.

Patient Name: _____

Signature: _____

Date: _____

For office use only:

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

____ Individual refused to sign

____ Communications barrier prohibited us from obtaining acknowledgement

____ Other (please specify)

Employee Signature: _____