

The Apprehensive Patient of Secaucus

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF
PRIVACY PRACTICES**

***** You May Refuse to Sign This Acknowledgement *****

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

(Patient's Name)

(Please Print Name)

(Signature of Patient)

(Date)

FOR OFFICE USE ONLY

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

Please Check One:

_____ Individual Refused to Sign

_____ Communication Barriers Prohibited Us from Obtaining the Acknowledgment

_____ An Emergency Situation Prevented Us from Obtaining the Acknowledgment

_____ Other (Please Specify Below)
