



3168 Braverton Street, Suite 380  
Edgewater, MD 21037

# HIPPA ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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\*You May Refuse To Sign This Acknowledgement

Patient Name \_\_\_\_\_

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices. I agree to be informed of patient recall information via postcard.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature (parent or guardian if patient is under 18) Date

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**For Office Use Only**

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

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

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