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## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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\* You May Refuse to Sign This Acknowledgement \*

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy practices. I acknowledge that I have had the full opportunity to read the Notice of Privacy Practices.

**[NOTE: If there is more than 1 patient in same family, please list ALL patients]**

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

\_\_\_\_\_  
Patient's Parent or Guardian/Relationship to Patient

\_\_\_\_\_  
Signature of Parent or Guardian or Responsible Party

\_\_\_\_\_  
Date

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### FOR OFFICE USE ONLY – Where Responsible Party/Parent/Legal Guardian Does NOT Sign

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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
  - \_\_\_ Emergency situation prevented us from obtaining acknowledgement
  - \_\_\_ Other (Please Specify) \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_  
Signature of Office Representative (only if Acknowledgement not signed above).

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## ACUSE DE RECIBO DE LA NOTIFICACIÓN DE LAS PRÁCTICAS DE PRIVACIDAD

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\* Usted puede rehusarse a firmar este acuse de recibo \*

Yo, \_\_\_\_\_, he recibido copia de la notificación de las prácticas de privacidad de este consultorio. Por la presente también acepto que he tenido oportunidad suficiente para leer la notificación de las prácticas de privacidad.

**[NOTA: Si hay más de un paciente en la misma familia, por favor escriba el nombre de TODOS los pacientes]**

\_\_\_\_\_  
Nombre del paciente

\_\_\_\_\_  
Nombre del padre/guardián/relación con el paciente

\_\_\_\_\_  
Firma de la parte responsable (padre o madre /representante legal)

\_\_\_\_\_  
Fecha

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\_\_\_\_\_  
Signature of Office Representative (only if Acknowledgement not signed above).