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## Acknowledgement of Receipt of Privacy Practices Policy

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I, \_\_\_\_\_, have received a copy of this office's Privacy Practices Policy.

I would like to receive telephone communication or messages via: (Check all that apply)

- Home phone: \_\_\_\_\_
- Work phone: \_\_\_\_\_
- Cell phone: \_\_\_\_\_
- Pager: \_\_\_\_\_

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Please sign name (signature)

\_\_\_\_\_  
Date

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### FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our notice of Privacy Practices, but the 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: \_\_\_\_\_

\_\_\_\_\_  
Acupuncture Physician

\_\_\_\_\_  
Date