



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

\*\*\*YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGMENT\*\*\*

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

\_\_\_\_\_ {Signature} \_\_\_\_\_ {Date}

Please list all children.

_____	_____
_____	_____
_____	_____

**REQUEST FOR RELEASE OF RECORDS**

I hereby give my permission to release all records and x-rays to insurance, or other health practitioners upon request. If records are sent via e-mail I understand they may be unsecured.

\_\_\_\_\_ {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 obtained because:

- Individual refused to sign  
Date \_\_\_\_\_ Name of Individual \_\_\_\_\_ Initials \_\_\_\_\_
- Communications barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify) \_\_\_\_\_