## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

\*\* you May Refuse To Sign This Acknowledgement\*\*

| I,   | , have received a copy of this office's  |
|--|--|
| Notice of  | Privacy Practices.   |
|  |  |
|  | (Please Print Name)  |
|  |  |
| And all as property and  | (Signature)  |
|  |  |
| -  |  |
|  | (Date)   |
| <del></del>  | For Office Use Only  |
|  |  |
|  | ed to obtain written acknowledgement of receipt of our Notice Of Privacy Practices, ledgement could not be obtained because: |
|  | Individual refused to sign.  |
|  | Communications barriers prohibited obtaining the acknowledgement.  |
|  | An emergency situation prevented us from obtaining acknowledgement.  |
|  | Other (Please Specify)   |
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