



1005 Marlandwood Rd Ste 104 Temple, TX 76502 (o): 254791-1010 (f): 254-791-1012

Acknowledgement of Receipt of Privacy Practices

You may refuse to sign this agreement

I have read/received a copy of this office's Notice of Privacy Practices

Print Patient Name _____

Patient/Guardian Signature _____

-----**FOR OFFICE USE ONLY**-----

We attempted to retain written acknowledgement receipt of our Notice of Privacy Practice, 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)

Staff Member Signature _____ Date _____