

**Acknowledgement of Receipt  
of  
Notice of Privacy Practices**

I, \_\_\_\_\_ have received a copy of  
(Name of Patient)

James Family Chiropractic's Notice of Privacy Practice.

\_\_\_\_\_  
(Signature of Patient or Guardian)

\_\_\_\_\_  
Staff Will Fill Out Section if Patient's Signature Not Obtained

Our office made a good faith effort to obtain **Acknowledgement of Receipt** of our Notice of Privacy Practices, but it could not be obtained for the following reason:

\_\_\_ Patient refused to sign.

\_\_\_ Emergency situation kept us from obtaining the patient's signature.

\_\_\_ Language barriers kept us from obtaining the patient's signature.

\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_