

Dr. Sanford M. Cates

(Name of Practice)

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

Patient Name and Address: _____

I have received a copy of the Notice of Privacy Practices for the above
named practice.

Signature

Date

For Office Use Only

We were unable to obtain a written acknowledgment of receipt of the Notice of
Privacy Practices because:

- An emergency existed and a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with the patient for the following reason:

Other: _____

Prepared by _____

Signature _____

Date _____