

# ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**Purpose:** This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

## **\*\*You May Refuse to Sign This Acknowledgement\*\***

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

\_\_\_\_\_  
{Please Print Name}

\_\_\_\_\_  
{Please Sign Name}

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

## **Authorization to Release Information**

**Purpose:** This form is used to obtain authorization to release information regarding you covered under the Privacy Act to people other than yourself. I, \_\_\_\_\_ authorize the following person(s) to have access to information covered under the Privacy Practice regarding myself.

\_\_\_\_\_  
{Please Print Name}

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
{Please Print Name}

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
{Please Print Name}

\_\_\_\_\_  
Relationship

### **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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify) \_\_\_\_\_

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