



**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

**\*\* You May Refuse to sign this Acknowledgement \*\***

I, \_\_\_\_\_, have received a copy of Mind Body & Medicine’s Notice of Privacy Practices.  
(Please Print Name)

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)

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**For Office Use Only**

Mind Body & Medicine attempted to obtain written acknowledgement of receipt of his/her Notice of Privacy Practices, but acknowledgement could not be obtained because:

\_\_\_\_\_ Individual refused to sign

\_\_\_\_\_ An emergency situation prevented him/her from obtaining the acknowledgement

\_\_\_\_\_ Other (specify)

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