

DRS. PERLMAN AND KOIDIN, P.C.

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

You May Refuse to Sign This Agreement

I, _____
Please Print Name (patient if 18 or older, parent, or legal guardian if under 18)

have received a copy of this office's Notice of Privacy Policy for:

Please Print Patient's Name

Signature (patient if 18 or older, parent, or legal guardian)

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barrier prevented us from obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

