



## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

1 You may refuse to sign this acknowledgement

I have received a copy of this office's Notice of Privacy Practices. Additionally, by signing this form I permit Jadranka Perl, L.Ac./Jade Acupuncture/Eastern and Western Medical Center, PLLC, to call me by telephone at my home and/ or at my cellular telephone.

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Please Print Name

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Signature

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Date

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For Office Use Only

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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

\_\_\_\_\_ Communication barriers prohibited obtaining the acknowledgement

\_\_\_\_\_ An emergency situation prevented us from obtaining acknowledgement

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

(form: privacy notice receipt)