

9053 SW Beaverton-Hillsdale Hwy  
Portland, OR 97225

## ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

*\*You may refuse to sign this acknowledgment\**

I, (please print your name) \_\_\_\_\_,  
have received a copy of this office's Notice of Privacy Practices.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The following is for office use only.

- Patient refused to sign
- Communication barriers prohibited obtaining acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other; please specify \_\_\_\_\_

\_\_\_\_\_