



**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**  
**The Charis Clinic PLLC**

PURPOSE: This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document a good faith effort to obtain the acknowledgement.

*\*You may refuse to sign this acknowledgement.\**

I, \_\_\_\_\_, have received a copy of Charis Clinic's Notice of Privacy Practices. printed complete name

\_\_\_\_\_  
Patient/Parent (circle which) Signature

\_\_\_\_\_  
Date

--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

Communication barriers prohibited obtaining the acknowledgement

An emergency situation prevented us from obtaining acknowledgement

Other \_\_\_\_\_