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**RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGMENT**

I, _____, have received a copy of the Notice of Privacy Practices from the Odibo Medical Group.

Signature of Patient/Guardian

Date

FOR OFFICE USE ONLY

We were unable to obtain a written acknowledgment of receipt of the Notice of Privacy Practices because:

An emergency existed and a signature was not possible at the time.

The individual refused to sign.

A copy was mailed with a request for signature by return mail.

Unable to communicate with the patient for the following reason:

Other: _____

Prepared by: _____

Signature: _____

Date: _____