

# ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**Purpose:** This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

**\*\*You May Refuse to Sign This Acknowledgement\*\***

I \_\_\_\_\_ have received a copy of this office's Notice of Privacy Practices.

Print Name: \_\_\_\_\_

Sign: \_\_\_\_\_

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

## Authorization to Release Information

**Purpose:** This form is used to obtain authorization to release information regarding you covered under the Privacy Act to people other than yourself. I, \_\_\_\_\_ authorize the following person(s) to have access to information covered under the Privacy Practice regarding myself.

\_\_\_\_\_  
{Please Print Name} Relationship

\_\_\_\_\_  
{Please Print Name} Relationship

\_\_\_\_\_  
{Please Print Name} Relationship

### 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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify) \_\_\_\_\_