

**Dr. Michelle Hitch**  
**Acknowledgement of receipt of notice of privacy practices**

You may refuse to sign this agreement

I, \_\_\_\_\_, have reviewed a copy of this office's notice of privacy practices.

Print name: \_\_\_\_\_

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

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

**OFFICE USE ONLY**

We attempted to obtain written acknowledgement of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining acknowledgement
- Emergency situation prevented us from obtaining acknowledgement
- Other

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