
TAMMY M. BOUDRY
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF
PRIVACY PRACTICES

****You May Refuse To Sign This Acknowledgement****

I, _____, have reviewed a copy of this office's Notice of Privacy Practices. I understand a copy is available to take home if requested.
(print guardian, or patient name if 18yrs or older)

(Please Print Patient Name)

(Guardian or Patient Signature)

(Date)

For Office Use Only

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

- Individual refused to sign**

- Communications barriers prohibited obtaining the acknowledgment**

- An emergency situation prevented us from obtaining acknowledgment**

- Other (Please Specify)**

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