ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Signature of	client (or personal representative)	Date			
	nowledgment is signed by a personplete the following:	onal representative on behalf of the			
Personal Representative's Name:					
Personal R	epresentative's Name:				
	p to Client:				
	p to Client:				
Relationshi		Only receipt of our Notice of Privacy			
Relationshi	For Office Use to obtain written acknowledgement of	Only receipt of our Notice of Privacy			
Relationshi I attempted Practices, b	For Office Use to obtain written acknowledgement of out acknowledgement could not be obtain	Only receipt of our Notice of Privacy ained because:			
Relationshi	For Office Use to obtain written acknowledgement of out acknowledgement could not be obtain lindividual refused to sign Communications barriers prohibited	Only receipt of our Notice of Privacy ained because:			

This Form is educational only, does not constitute legal advice, and covers only federal, not state, law.