



347 Marsh Ave., Reno, NV 89509
775-384-1500

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

*you may refuse to sign this acknowledgement

I, _____, have received a copy of this
office's notice of Privacy Practices.

Please Print Name

Signature

Date

Please list any person and their relationship that we may share your personal records with:

FOR OFFICE USE ONLY BELOW THIS LINE

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but could not due to:

- individual refused to sign
- an emergency situation prevented us from obtaining acknowledgement
- communication barriers prohibited obtaining the acknowledgement
- other (specify) _____