

# Dr. George Andrews

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

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

Print Name:

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Signature:

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Date:

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## **For Office Use Only**

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We attempted to obtain written acknowledgment 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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