

**MMA SAMPLE FORM**  
**\*REVIEW CAREFULLY & ADAPT TO YOUR PRACTICE\***

**ACKNOWLEDGMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

Please sign below and return this form to the receptionist so that we know you have received our Notice of Privacy Practices.

I acknowledge receipt of the Notice of Privacy Practices prepared by *[Insert practice name here]*. Also, I acknowledge that I have had an opportunity to ask questions about the practice's Notice of Privacy Practices.

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Name of Patient or Legal Guardian (please print)

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Signature

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

*[Note to practices: Practices must make a good faith effort to obtain a written acknowledgment of receipt of Notice of Privacy Practices; if the practice is unable to obtain written acknowledgment from a patient, the practice should document the efforts staff have made to obtain an acknowledgment and the reason why the patient's signature was not obtained.]*