

**Loudoun Rheumatology Center**  
**Receipt of Notice of Privacy Practices Acknowledgement**

I, \_\_\_\_\_, acknowledge  
 receiving on (print patient name)

\_\_\_\_\_, a copy of \_\_\_\_\_ Notice of Privacy  
 Practices. (print date)

\_\_\_\_\_  
 Patient signature or  
 initials

**FOR OFFICE USE ONLY**

**I attempted to obtain the patient's signature in acknowledgement of this  
 Receipt of Notice of Privacy Practices Acknowledgement, but was unable  
 to do so as documented below:**

Date	Staff Initials	Reason
		<input type="checkbox"/> Refused to sign (circle if applicable)  <input type="checkbox"/> Other: