Neeley – Nemeth, LLP

Acknowledgement Of Receipt Of Notice Of Privacy Practices

| I have receive | ed a copy of this office's Notice of Privacy Practices. |
|----------------|---|
| - | Print Name |
| - | Signature |

| For Our Office Use Only |
|---|
| Our office attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained for the following reason: |
| Patient refused to sign |
| Communication barriers prohibited obtaining the acknowledgement |
| An emergency situation prevented us from obtaining acknowledgement |
| Other (describe below) |
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