

**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

*Purpose: This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgment.*

**\*\* 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

**Authorization to Release Information**

*Purpose: This form is used to obtain authorization to relase information regarding yourself covered under the Privacy Act to people other than yourself.*

I, \_\_\_\_\_, authorize the following person(s) to have access to information covered under the Privacy Practice regarding myself.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Relationship

**For Office Use Only**

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

\_\_\_\_\_ Individual Refused to Sign

\_\_\_\_\_ Communication Barriers Prohibited the Acknowledgement

\_\_\_\_\_ An Emergency Situation Prevented us From Obtaining Acknowledgement

\_\_\_\_\_ Other (please specify)

\_\_\_\_\_  
\_\_\_\_\_  
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