

---

## ACKNOWLEDGEMENT OF RECEIPT NOTICE OF PRIVACY PRACTICES

---

Dr. Gerry Aylward and Associates, Chicagoland 4 Braces

Practice Name

\_\_\_\_\_

Patient Name

\_\_\_\_\_

Parent Name (if applicable)

\_\_\_\_\_

Address

\_\_\_\_\_

Phone

I have received a copy of the Notice of Privacy Practices for the above named practice.

\_\_\_\_\_

Patient/Parent Signature

\_\_\_\_\_

Date

---

### For Office Use Only

---

**We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:**

- An emergency existed and a signature was not possible at the time.
  - The individual refused to sign.
  - A copy was mailed with a request for signature by return mail.
  - Unable to communicate with the patient for the following reason:
-