

Dr. Gregory N. Elefterin  
4774 Munson Street Canton, Ohio 44718

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

*\*You May Refuse to Sign This Acknowledgement\**

I have received a copy of this office's notice of Privacy Practices.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

### **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**

\_\_\_\_\_ **Communications barriers prohibited obtaining the acknowledgement**

\_\_\_\_\_ **An emergency situation prevented us from obtaining acknowledgement**

\_\_\_\_\_ **Other (Please Specify)**