

**ACKNOWLEDGEMENT
RECEIPT OF PRIVACY PRACTICES
KATZ AND KADE, INC.**

By signing below, I acknowledge that I have received a copy of *Notice of Privacy Practices* from Katz and Kade, Inc.

Patient Signature

Date

Print Name

Documentation of Failure to Obtain Signed Acknowledgement

On ___/___/20____, I, _____, presented this Acknowledgement of Receipt of Notice of Privacy Practices Form to _____. The patient refused/was unable to provide a signature when requested.

Reason: _____