

Capital Family Practice  
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## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

\* You May Refuse to Sign This Acknowledgement\*

I, (Please Print Name \_\_\_\_\_) have received a copy  
of this office's Notice of Privacy Practices.

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) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date