

*Dr. Molly Slack*

**ACKNOWLEDGMENT 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.

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Or Signature of Legal Representative)

\_\_\_\_\_  
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)
- \_\_\_\_\_  
\_\_\_\_\_

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