



Orange County Pain Management  
*Surgery Free Pain Relief*

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, \_\_\_\_\_ have received a copy of this  
office's Notice of Privacy Practices.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

---

### **For Office Use only**

---

We attempted to obtain acknowledgement of receipt of our Notice of Policy Practices, but acknowledgement could not be obtained because:

- Individual Refused to Sign
- Communication barriers prohibiting the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_