

*CECCHINI & CECCHINI, LLC*

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**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

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\* You may refuse to sign this acknowledgement\*

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

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Please Print Name

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Signature

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Date

I grant permission to Cecchini & Cecchini to disclose any healthcare information (which includes appointments and finances) to the following person(s):

DATE	NAME	RELATIONSHIP	EXCEPTION NOTES

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FOR OFFICE USE ONLY

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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
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)