

# Dr. Jeffrey Thomsen & Dr. Robert Fridlind

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## ACKNOWLEDGEMENT 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

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(Print Name)

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(Signature)

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(Date)

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### For Office Use Only

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We attempt 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 acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify)

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