



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

This office's Privacy Practices are available in three forms:

- On our website, www.drtohlt.com
- Posted in office
- Written brochure

By signing below, I acknowledge that I have been offered a copy of this office's Notice of Privacy Practices.

Patient's/Guardian's Signature: _____ Date: _____

Patient's/Guardian's Name (Please Print): _____

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practice, 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)