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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.

\_\_\_\_\_  
(PLEASE PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

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### AUTHORIZATION TO RELEASE INFORMATION

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**PURPOSE: THIS FORM IS USED TO OBTAIN AUTHORIZATION TO RELEASE  
INFORMATION REGARDING YOURSELF COVERED UNDER THE PRIVACY ACT TO  
PEOPLE OTHER THAN YOURSELF**

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I, \_\_\_\_\_ AUTHORIZE THE FOLLOWING PERSON(S) TO  
HAVE ACCESS TO INFORMATION COVERED UNDER THE PRIVACY PRACTICE  
REGARDING MYSELF.

\_\_\_\_\_  
(PLEASE PRINT NAME)

\_\_\_\_\_  
(RELATIONSHIP)

\_\_\_\_\_  
(PLEASE PRINT NAME)

\_\_\_\_\_  
(RELATIONSHIP)

\_\_\_\_\_  
(PLEASE PRINT NAME)

\_\_\_\_\_  
(RELATIONSHIP)

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### FOR OFFICE USE ONLY

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**WE ATTEMPTED TO OBTAIN WRITTEN KNOWLEDGE OF RECEIPT OF OUR NOTICE OF  
PRIVACY PRACTICES, BUT ACKNOWLEDGEMENT COULD NOT BE OBTAINED  
BECAUSE:**

- INDIVIDUAL REFUSED TO SIGN
  - COMMUNICATION BARRIERS PROHIBITED OBTAINING ACKNOWLEDGEMENT
  - AN EMERGENCY SITUATION PREVENTED US FROM OBTAINING ACKNOWLEDGEMENT
  - OTHER (PLEASE SPECIFY)
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