

# Dr. Vicki H. Zhu

## 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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Please 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 attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices,  
as required by law, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify:

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