

**LOUDOUN MEDICAL GROUP**  
**Receipt of Notice of Privacy Practices Acknowledgement**

I, \_\_\_\_\_, acknowledge receiving on  
(print patient name)

\_\_\_\_\_, a copy of Loudoun Medical Group's Notice of Privacy Practices.  
(print date)

\_\_\_\_\_  
**Patient signature or initials**

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**FOR OFFICE USE ONLY**

**I attempted to obtain the patient's signature in acknowledgement of this Receipt of  
Notice of Privacy Practices Acknowledgement, but was unable to do so as  
documented below:**

<b>Date</b>	<b>Staff Initials</b>	<b>Reason</b>
		<b>Refused to sign</b> (circle if applicable)  <b>Other:</b>