

**Drs. Sugarman & Brunner, LLC**  
**3280 Howell Mill Rd., Suite 221**  
**Atlanta, GA 30327**

**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.***

\_\_\_\_\_  
**(Please Print)**

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**For Office Use Only**  
\_\_\_\_\_

We attempted to obtain written acknowledgement of receipt of our ***Notice of Privacy Practices***, but acknowledgement could not be obtained because:

\_\_\_ Individual refused to sign

\_\_\_ Communications barriers prohibited obtaining the acknowledgement

\_\_\_ Emergency situation prevented us from obtaining acknowledgement

\_\_\_ Other (please specify)

\_\_\_\_\_  
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