

**ENT Specialists of Arizona, P.C.**  
1492 S. Mill Ave., Suite 301  
Tempe, AZ 85281

**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

I, \_\_\_\_\_, have received a  
copy of this office's Notice of Privacy Practices.

Please print Name: \_\_\_\_\_

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
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify)

\_\_\_\_\_  
Witness Sign / Date

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