

**Center for Age Management  
Dr. Andrea Cole  
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Encinitas, CA 92024**

**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 Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SEE OFFICE COPY AT FRONT DESK  
PERSONAL COPY PROVIDED UPON REQUEST**

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**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 barrier prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify) \_\_\_\_\_