

# Maninder Kalra, MD, LLC

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## ACKNOWLEDGMENT OR RECEIPT OF NOTICE OF PRIVACY PRACTICES

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\* You may refuse to sign this Acknowledgment

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

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### For Office Use Only

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

- Individual refused to sign
- Communications barrier prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (please specify below)

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