DENTAL

Acknowledgement of Receipt of Notice of Privacy Practices

You may refuse to sign this acknowledgment

I, _____ (print name), have received a copy of this office's Notice of Privacy Practices.

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)

_____

_____

_____