



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have reviewed a copy of your dental practice's privacy policies and procedures, and understand I can receive a hard copy immediately upon request.

I understand that I should ask your dental practice's Privacy Official if I have any questions about these policies and procedures.

Patient Name: _____

If patient is a minor:
Parent/Guardian 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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)
