



Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, have received a copy of this dental office's
(Name of patient)
Notice of Privacy Practices.

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 barrier prohibited obtaining the acknowledgement.
- An emergency situation prevented us from obtaining acknowledgement.
- Other (please specify).

Dental Center Signature: _____ Date: _____