



# Acknowledgement of Receipt of Notice of Privacy Practices

\*You May Refuse to Sign This Acknowledgement\*

I, \_\_\_\_\_, have received a copy of ABC Dental's Notice of Privacy Practices.

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:     Male     Female

Patient/(Parent or Guardian, if minor) 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) \_\_\_\_\_