

Acknowledgement of Receipt of Notice of Privacy Practices



**\* You May Refuse to Sign This Acknowledgment\***

**I have received a copy of this office's Notice of Privacy Practices.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby give my permission to discuss all aspects of my dental treatment to the individuals listed below:

\_\_\_\_ Mother

\_\_\_\_ Husband

\_\_\_\_ Father

\_\_\_\_ Wife

\_\_\_\_ Other (Please Specify) \_\_\_\_\_

**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)

\_\_\_\_\_  
\_\_\_\_\_