

**Acknowledgement Of Receipt
Of
Notice Of Privacy Practices**

(Name Of Patient)

have received a copy of

Crowley Family Dentistry
(Name Of Practice)

Notice of Privacy Practices.

(Signature Of Patient)

Staff Will Fill Out This Section If Patient's Signature Not Obtained

Our office made a good faith effort to obtain **Acknowledgement of Receipt** of our Notice of Privacy Practices, but it could not be obtained for the following reason:

Patient refused to sign.

Emergency situation kept us from obtaining the patient's signature.

Language barriers kept us from obtaining the patient's signature.

Other _____