Acknowledgement of Receipt of Notice of Privacy Practices *You may Refuse to Sign This Acknowledgement*

Please Print Name Signature Date	have received a copy of tice of Privacy Practices. I understand that this office may use only health information to obtain payment for services provided to e, I agree to having my dental insurance claim filed electronically et.	r me. If
and the second second The second se	nt Name	
Date		h sin Tara
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For Office Use Only	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:		of
o Individual refused to sign	lividual refused to sign	
o Communications barriers prohibited obtaining the acknowledgement	nmunications barriers prohibited obtaining the acknowledgeme	nt
o An emergency situation prevented us from obtaining the	emergency situation prevented us from obtaining the	
acknowledgement	nowledgement	
o Other (please specify)	ner (please specify)	