

***ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES***

I _____, have
received a copy of this office's Notice of Practices & Dental Material
Fact Sheet

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
- Communications barriers prohibited the acknowledgement
- An emergency situation prevented us from obtaining
acknowledgement
- Other (Please Specify)

