



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I, _____, have received a copy of the office's Notice of Privacy Practices.

Please Print Name of Patient

I authorize access to my dental information/account to the following:

Relationship to patient: _____

X _____ / /

Signature of Patient or Guardian

Date

_____ For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, as required by law, 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) _____
- _____