

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
(Copy attached for review)

(Patient Printed Name)

(Responsible Party Printed Name (18 or older))

(Patient Signature)

(Responsible Party Signature (18 or older))

(Date)

Who, in addition to yourself, do we have your authorization to contact or speak with regarding your dental treatment and account? *We will only release information to those you have identified here.*

Name

Phone Number

Relationship

Name

Phone Number

Relationship

FOR OFFICE USE ONLY

We attempted to obtain written Acknowledgement of Receipt of Notice of Privacy Practices, but acknowledgement could not be obtained because:

____ Individual refused to sign

____ Communication barriers prohibited obtaining the acknowledgement

____ Emergency situation prevented us from obtaining acknowledgement

____ Other (Please Specify) _____

Employee Name

Office Name

Employee Signature

Date

Updated 4/2025