
Acknowledgment of Receipt of Notice Privacy Practices

I, _____ have received a copy of this dental office's
Name of Patient
Notice of Privacy Practices,

Please print Name

Patient signature

Date

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy practices, but acknowledgement could not be obtained:

- Individual refused to Sign.
- Communication barrier prohibited obtaining acknowledgment.
- An emergency situation prevented is from obtaining acknowledgment.
- Other (PLEASE SPECIFY).

Dental office Signature: _____ Date: _____