

## Acknowledgement of Receipt of Notice of Privacy Practices

I, \_\_\_\_\_, have received a copy of this dental  
Office's Notice of Privacy Practices.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### For Office Use Only

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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
- ☐ Communication barrier prohibited obtaining the acknowledgement.
- ☐ An emergency situation prevented us from obtaining acknowledgement.
- ☐ Other (please specify).

\_\_\_\_\_  
Dental Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_