

Citrus Dental of Inverness

Acknowledgement of Receipt of Notice of Privacy Practices

Please read your copy of our Notice of Private Practices.

I have received a copy of this office's Notice of Privacy Practices.

Print Name _____ Date _____

Signature _____

You May Refuse to Sign This Acknowledgment

Attempt To Obtain Acknowledgement of Receipt (for Office Use only)

Patient Name _____

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

Signed _____

Date _____