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ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES

**\*You May Refuse To Sign This Acknowledgement\***

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

\_\_\_\_\_  
Please print patient name

/ \_\_\_\_\_  
Please print parent name if patient is a minor

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

TO WHOM MAY WE GIVE MEDICAL & FINANCIAL INFORMATION TO (other than your  
referring dentist or physician)?

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
For office use only

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