



**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I, \_\_\_\_\_, have received and reviewed a copy of our dental practice's privacy, security and breach notification policies and procedures.  
(Patient)

I understand that I should ask our dental practice's Privacy Official if I have any questions about these policies and procedures.

\_\_\_\_\_  
Name of Patient or Parent/Guardian (Please Print)

\_\_\_\_\_  
Patient or Parent/Guardian (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:

- 1. Patient refused to sign \_\_\_\_\_
- 2. Communication barriers prohibited obtaining acknowledgement \_\_\_\_\_
- 3. An emergency situation prevented us from obtaining acknowledgement \_\_\_\_\_
- 4. Other (Please specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_