

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 Name

Signature

Date

May we contact your Spouse Y N

May we contact your Parent or Legal Guardian Y N

Other (Please specify) _____

May we share information with those above regarding:

Billing/Insurance Issues Y N

Dental/Health Issues/Needs Y N

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice Of Privacy Practices, but Acknowledgement could not be obtained due to:

_____Refusal_____Communication Barriers_____Emergency Situation_____Other(Specify)