
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

(You may refuse to sign this document.)

I, _____, have received a copy of this office’s Notice of Privacy Practices.

Please print name _____

Signature _____

Date _____

For Office Use Only

We attempted to obtain 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) _____

I have received a copy of the Dental Material Fact Sheet, as required by law.

Signature _____